Health and Wellness

Alberta Health Care Insurance Plan
Statistical Supplement

2010/2011

Government of Alberta

Contact Information

For inquiries concerning material in this publication contact:

Alberta Health and Wellness
Corporate Support Division
Alberta Health Care Insurance Plan Administration Branch
PO Box 1360 Station Main
Edmonton, Alberta T5J 2N3

Phone: 780-427-1432
Fax 780-422-0102
Email: health.ahcipmail@gov.ab.ca

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Introduction

The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan (AHCIP) is a publicly-funded health care plan. It is established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to Albertans. They are:

- Basic health coverage for insured services provided by physicians, dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. From April 1, 2010 to March 31, 2011, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Alberta Ministry of Health and Wellness Annual Report 2010/2011* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans while they are out of the country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2010 to March 31, 2011. Where possible, data reports over a five-year period to facilitate long-term comparisons.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Non-Group Supplementary Plans, which reports data on a date-of-payment basis.

Note: Some data in the Statistical Supplement may differ from data reported in the Annual Report. The Statistical Supplement uses claims payment data, based on date-of-service, from the Claims Assessment System, while the Annual Report uses financial statement data, based on date-of-payment, from the Alberta Government Integrated Management Information System.

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Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories; and
- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Alberta Ministry of Health and Wellness Annual Report 2010/2011* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Alberta Health and Wellness website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2010 to March 31, 2011. Explanations of data and coverage may not be applicable for periods after March 31, 2011.

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Section 1: Registration

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and gender, as at March 31, 2011.

Highlights

- A total of 3,786,238 Albertans were registered for basic health coverage. This is an increase of 2.55%, compared to 2009/2010. Included in this total are 61,404 individuals who have temporary Canada entry documents (e.g. Minister's permits, work permits, study permits) and are registered with the AHCIP compared to 73,193 individuals in 2009/2010.
- The number of Employment and Immigration Income Support recipients who received premium-free coverage was 125,924; an increase of 13.24% compared to the 2009/2010 year.
- In 2010/2011, 228 Albertans chose to opt out of the AHCIP compared to 283 in 2009/2010.

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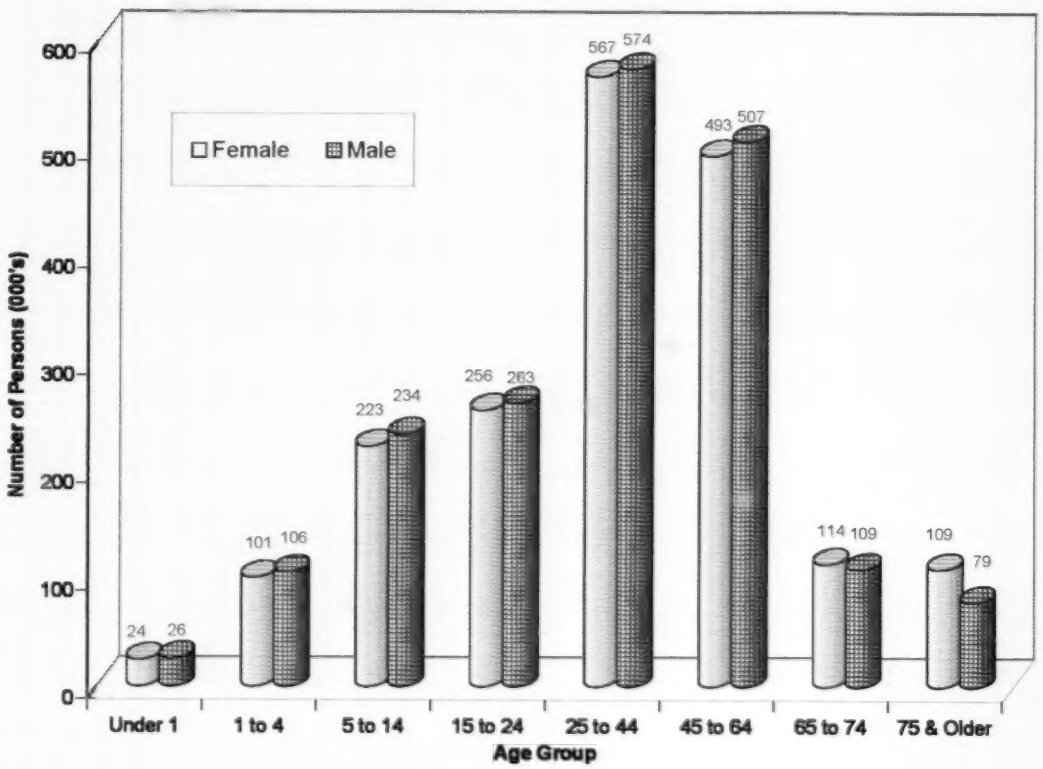
Figures and Charts

Figure 1
Distribution of Population Covered for Basic Health Services by Age and Gender as at March 31, 2011



Explanatory Notes

Registrations

AHCIP registration data are based on the number of active registrations as at the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. There is usually one registration per family/household. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are available in Tables 1.1 and 1.2.

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The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.

Members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. However, any of their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

Opting Out
Albertans may opt out of the AHCIP at any time. These individuals and their dependants are responsible for paying all of their health care expenses. The Opt Out program is a renewable three-year term and the resident has the option to rescind their decision to opt out at any time.

Income Support Category
Income Support helps unemployed people find and keep jobs and helps low-income Albertans cover their basic costs of living. Health benefits include medications listed in the Alberta Health and Wellness Drug Benefit List and the Alberta Employment and Immigration Drug Benefit Supplement.

Seniors Category
Alberta Health and Wellness provides AHCIP coverage and premium-free Non-Group Supplementary Plan coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Alberta Widows' Pension Category
Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through Employment and Immigration's Alberta Widows' Pension plan. As of April 1, 2004, no new applications have been accepted and Employment and Immigration staff direct people who inquire about the Alberta Widows' Pension to appropriate income support programs. With no new applicants, the number of Alberta Widows' Pension recipients continues to decline.

Currently, recipients of the Alberta Widows' Pension and their eligible dependants receive AHCIP coverage and premium-free Non-Group Supplementary coverage. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

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Table 1.1
Number of Registrations and Population Covered
as at March 31, 2007, 2008, 2009, 2010 and 2011 [1]

Population Categories	Number of Registrations					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Individual and Group	1,369,270	1,417,542	1,477,507	1,544,000	1,595,727	3.53	4.23	4.50	3.35
Seniors	271,148	279,446	287,723	295,714	304,858	3.06	2.96	2.78	3.09
Alberta Widows' Pension	1,012	772	575	419	272	(23.72)	(25.52)	(27.13)	(35.08)
Income Support Recipients	56,741	57,996	62,380	69,051	75,350	2.21	7.56	10.69	9.12
Total	1,698,171	1,755,756	1,828,185	1,909,184	1,976,207	3.39%	4.13%	4.43%	3.51%

Population Categories	Population Covered					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Individual and Group	2,897,475	2,972,259	3,066,469	3,143,263	3,208,441	2.58	3.17	2.50	2.07
Seniors	398,676	411,700	424,900	437,098	451,592	3.27	3.21	2.87	3.32
Alberta Widows' Pension	1,079	813	609	435	281	(24.65)	(25.09)	(28.57)	(35.40)
Income Support Recipients	87,395	89,224	97,516	111,205	125,924	2.09	9.29	14.04	13.24
Total	3,384,625	3,473,996	3,589,494	3,692,001	3,786,238	2.64%	3.32%	2.86%	2.55%

(1) The population figures are as at March 31, calculated in July.

Table 1.2
Number of Registrations and Population Covered
as at March 31, 2011 [1] [2]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Individual and Group	1,595,727	3,208,441	833,689	833,689	762,038	2,374,752
Seniors	304,858	451,592	163,425	163,425	141,433	288,167
Alberta Widows' Pension	272	281	264	264	8	17
Income Support Recipients	75,350	125,924	52,608	52,608	22,742	73,316
Total	1,976,207	3,786,238	1,049,986	1,049,986	926,221	2,736,252

(1) The population figures are as at March 31, calculated in July.
(2) Certain data elements included in previous years are no longer available.

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2007, 2008, 2009, 2010 and 2011 [1]

Gender / Age Group	Total Male and Female					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010
Under 1	46,276	48,991	50,732	51,336	50,457	5.87	3.55	1.19	(1.71)
1 - 4	171,756	179,252	188,440	196,201	207,129	4.36	5.13	5.18	4.50
5 - 9	209,644	212,480	217,209	221,855	229,000	1.35	2.23	2.14	3.22
10 - 14	227,270	226,400	228,002	228,067	227,827	(0.38)	0.71	0.03	(0.11)
15 - 19	242,793	245,327	247,120	246,851	246,893	1.04	0.73	(0.11)	0.02
20 - 24	253,204	257,848	265,410	270,130	272,714	1.83	2.93	1.78	0.96
25 - 29	251,514	265,300	283,714	297,665	307,873	5.48	6.94	4.92	3.43
30 - 34	243,674	252,759	265,892	278,789	290,276	3.73	5.20	4.85	4.12
35 - 39	247,224	253,676	262,071	268,734	273,742	2.61	3.31	2.54	1.86
40 - 44	266,877	262,568	262,542	263,711	269,491	(1.61)	(0.01)	0.45	2.19
45 - 49	280,348	285,348	290,941	293,387	290,863	1.78	1.96	0.84	(0.86)
50 - 54	247,449	258,358	268,829	278,190	285,770	4.41	4.05	3.48	2.72
55 - 59	193,283	199,725	210,968	223,897	238,172	3.33	5.63	6.13	6.38
60 - 64	142,609	153,512	162,869	174,076	185,094	7.65	6.10	6.88	6.33
65 - 69	106,016	110,832	116,458	121,806	127,355	4.54	5.08	4.59	4.56
70 - 74	87,008	88,523	90,354	92,765	95,734	1.74	2.07	2.67	3.20
75 - 79	72,662	74,087	75,156	75,883	76,812	1.96	1.44	0.97	1.22
80 - 84	50,361	51,986	53,654	55,662	57,673	3.23	3.21	3.74	3.61
85 & Older	44,659	47,024	49,133	50,996	53,363	5.30	4.48	3.79	4.64
Total	3,384,625	3,473,996	3,589,494	3,692,001	3,786,238	2.64%	3.32%	2.86%	2.55%

(1) The population figures are as at March 31, calculated in July.

Continued...

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2007, 2008, 2009, 2010 and 2011 [1]

Gender / Age Group	Male					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2008/2007	2009/2008	2010/2009	2011/2010
Under 1	23,618	24,963	26,029	26,501	25,978	5.69	4.27	1.81	(1.97)
1 - 4	87,778	91,612	96,231	101,403	106,234	4.37	5.04	5.37	4.76
5 - 9	107,403	108,758	111,146	113,546	117,103	1.26	2.20	2.16	3.13
10 - 14	116,940	116,667	117,435	117,137	117,040	(0.23)	0.66	(0.25)	(0.08)
15 - 19	124,212	125,223	126,529	126,538	126,627	0.81	1.04	0.01	0.07
20 - 24	126,997	128,890	132,379	134,897	136,532	1.49	2.71	1.90	1.21
25 - 29	124,490	131,208	140,636	147,827	152,960	5.40	7.19	5.11	3.47
30 - 34	121,898	126,792	133,470	139,930	145,686	4.01	5.27	4.84	4.11
35 - 39	123,969	127,716	132,796	136,604	139,062	3.02	3.98	2.87	1.80
40 - 44	133,002	131,445	132,155	133,368	136,572	(1.17)	0.54	0.92	2.40
45 - 49	140,836	143,055	146,038	147,330	146,719	1.58	2.09	0.88	(0.41)
50 - 54	125,810	131,287	136,951	141,660	145,271	4.35	4.31	3.44	2.55
55 - 59	97,792	101,423	107,321	114,275	121,542	3.71	5.82	6.48	6.36
60 - 64	71,403	76,886	81,626	87,493	93,276	7.68	6.16	7.19	6.61
65 - 69	52,273	54,753	57,542	60,269	63,120	4.74	5.09	4.74	4.73
70 - 74	41,906	42,657	43,458	44,732	46,233	1.79	1.88	2.93	3.36
75 - 79	33,474	34,240	35,005	35,377	35,869	2.29	2.23	1.06	1.39
80 - 84	20,516	21,528	22,562	23,722	24,830	4.93	4.80	5.14	4.67
85 & Older	14,475	15,355	16,125	16,874	17,923	6.08	5.01	4.64	6.22
Total	1,688,792	1,734,458	1,795,434	1,849,481	1,898,577	2.70%	3.52%	3.01%	2.65%

(1) The population figures are as at March 31, calculated in July.

Continued...

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2007, 2008, 2009, 2010 and 2011 [1]

Gender / Age Group	Female					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Under 1	22,658	24,028	24,703	24,835	24,479	6.05	2.81	0.53	(1.43)
1 - 4	83,978	87,640	92,209	96,798	100,895	4.36	5.21	4.98	4.23
5 - 9	102,241	103,722	106,063	108,309	111,897	1.45	2.26	2.12	3.31
10 - 14	110,330	109,733	110,567	110,930	110,787	(0.54)	0.76	0.33	(0.13)
15 - 19	118,581	120,104	120,591	120,313	120,268	1.28	0.41	(0.23)	(0.04)
20 - 24	126,207	128,958	133,031	135,233	136,182	2.18	3.16	1.66	0.70
25 - 29	127,024	134,092	143,078	149,838	154,913	5.56	6.70	4.72	3.39
30 - 34	121,776	125,967	132,422	138,859	144,590	3.44	5.12	4.86	4.13
35 - 39	123,255	125,960	129,275	132,130	134,680	2.19	2.63	2.21	1.93
40 - 44	133,875	131,123	130,387	130,345	132,919	(2.06)	(0.56)	(0.03)	1.97
45 - 49	139,510	142,293	144,903	146,057	144,144	1.99	1.83	0.80	(1.31)
50 - 54	121,839	127,071	131,878	136,530	140,499	4.47	3.78	3.53	2.91
55 - 59	95,491	98,302	103,647	109,622	116,630	2.94	5.44	5.76	6.39
60 - 64	71,206	76,626	81,243	86,583	91,818	7.61	6.03	6.57	6.05
65 - 69	53,743	56,079	58,916	61,537	64,235	4.35	5.06	4.45	4.38
70 - 74	45,102	45,866	46,896	48,033	49,501	1.69	2.25	2.42	3.06
75 - 79	39,188	39,847	40,151	40,506	40,943	1.68	0.76	0.88	1.08
80 - 84	29,845	30,458	31,092	31,940	32,843	2.05	2.08	2.73	2.83
85 & Older	30,184	31,669	33,008	34,122	35,440	4.92	4.23	3.37	3.86
Total	1,695,833	1,739,538	1,794,060	1,842,520	1,887,681	2.58%	3.13%	2.70%	2.45%

(1) The population figures are as at March 31, calculated in July.

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Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternate Relationship Plans. See Table 2.17 for information about Alternate Relationship Plans.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. Alternate Relationship Plan and Primary Care Network data are reported separately in Tables 2.17 and 2.21.

Highlights

- In Alberta, 6,743 physicians and 791 allied practitioners received fee-for-service payments from the AHCIP during 2010/2011.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.78 per 1,000 patients, up from 1.76 per 1,000 patients.
- Of the 3,786,238 Albertans registered for coverage with the AHCIP, 81.05% (3,068,772 people) received at least one fee-for-service physician service during 2010/2011.
    - A total of 62.74% of these patients received fee-for-service physician services valued at $500 or less.
    - 19.23% of these patients received fee-for-service physician services valued at more than $1,000. Payments for these patients' services accounted for 66.27% of all fee-for-service payments to physicians.
- Office visits (assessments) and consultations accounted for 50.32% of the fee-for-service payments made to Alberta physicians in 2010/2011. These services accounted for 77.23% of the fee-for-service payments made to general/family physicians.
- 16.47% of Alberta's population, 623,565 Albertans, obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2010/2011.
- Alberta Health and Wellness spent $47,347,514 on optometry and podiatry services in 2010/2011. Coverage for these services is not required by the *Canada Health Act*.
- A total of $17,007,831 was spent on optometry care for Alberta's children in 2010/2011.

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- The AHCIP paid fee-for-service totalling $2,355,575,748 to Alberta physicians and allied health practitioners in 2010/2011. This figure represents an 8.00% increase compared to 2009/2010.
- In 2010/2011, the average total fee-for-service payment per Alberta physician was $341,462 (3.76% higher than it was in 2009/2010). This brought the median payment to $279,360 (an increase of 2.80% compared to 2009/2010).
- A total of 1,304 physicians each received more than $500,000 in fee-for-service payments in 2010/2011. This represents an increase of 122 physicians compared to 2009/2010. Of the 1,304 physicians, 391 were general/family physicians, an increase of 33 over 2009/2010.
- Of the 1,304 physicians, a total of 243 physicians each received more than $1 million in fee-for-service payments in 2010/2011. Forty-two (42) of the 243 physicians received more than $2 million. In 2009/2010, 201 physicians received more than $1 million and 33 received more than $2 million in fee-for-service payments.
- In 2010/2011, a total of 1,688 physicians participated in Alternate Relationship Plans, up from 1,459 in 2009/2010. A total of $271,259,255 was spent on Alternate Relationship Plan expenditures.
- Thirty-nine (39) Primary Care Networks operated in the five continuum health zones as of March 31, 2011, up from 32. These 39 Primary Care Networks involved a total of 2,216 physicians who provided services to 2,553,384 patients.

Charts and Figures

2010/2011 Fee-For-Service Payments and Percentage Change

Practitioner Type	Overall Fee-For-Service Payments	Percentage Change from 2009/2010 to 2010/2011
Physicians*	$2,302,481,210	7.94
Dental Specialists/Oral Surgeons	5,747,026	18.56
Optometrists	38,131,485	11.09
Podiatrists	9,216,029	5.93
Total	**$2,355,575,750**	**8.00**

*$7.3 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).

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2010/2011 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change		
Practitioner Type	Number of Practitioners	Percentage Change from 2009/2010 to 2010/2011
Physicians	6,743	4.03
Dental Specialists/Oral Surgeons	207	(2.36)
Optometrists	524	7.82
Podiatrists	60	0.00
Total	7,534	4.06

Figure 2
Average Fee-For-Service Payments per person to Physicians for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2010 to March 31, 2011

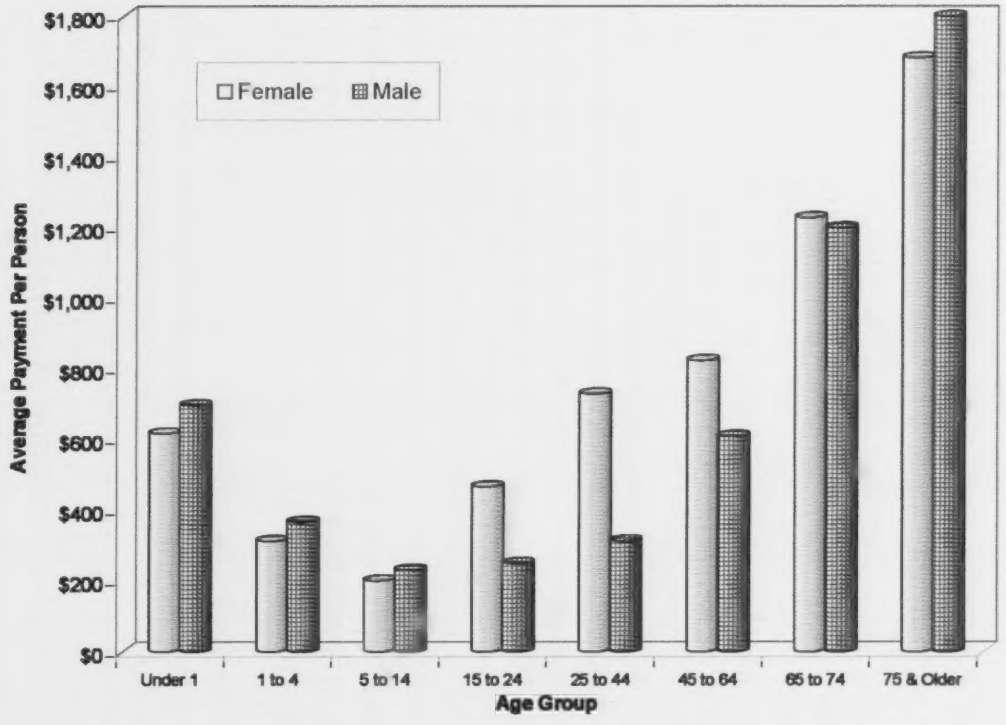

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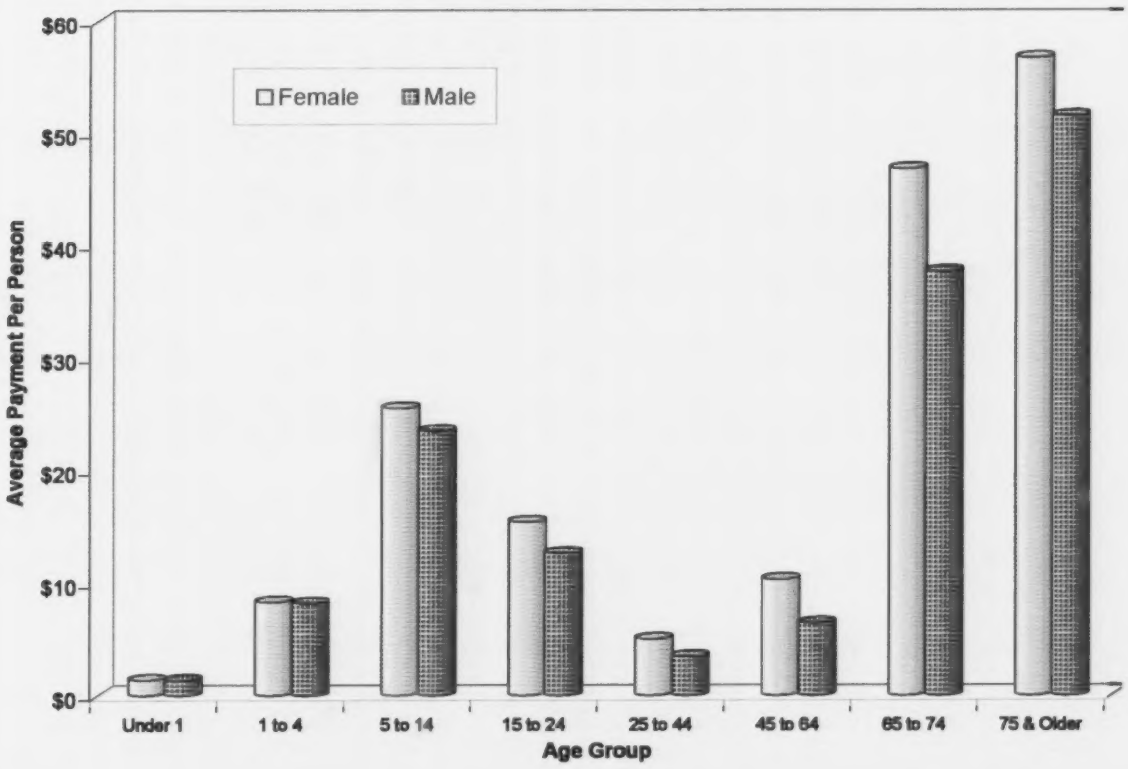
Figure 3
Average Fee-For-Service Payments per person to Allied Practitioners for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2010 to March 31, 2011



2010/2011 Fee-For-Service Cost per Patient by Practitioner Type and Percentage Change

Practitioner Type	Average Fee-For-Service Cost/Patient	Percentage Change from 2009/2010 to 2010/2011
Physicians	$750.29	6.85
Dental Specialists/Oral Surgeons	437.37	12.77
Optometrists	71.20	5.45
Podiatrists	92.20	3.85
Total based on averages	**$749.79**	**6.75**

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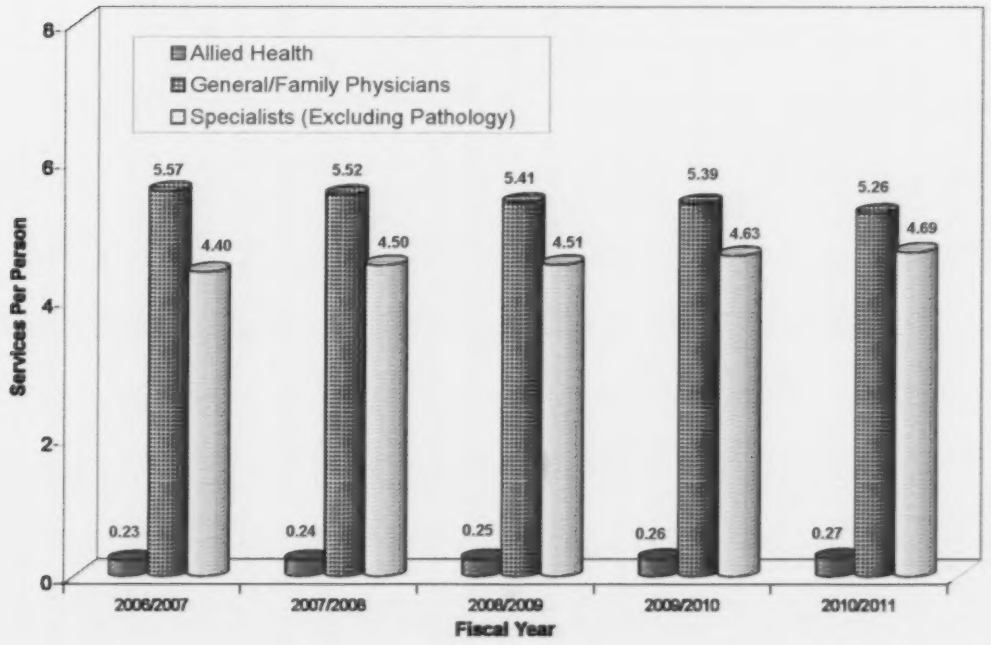
Figure 4
Average Number of Services per Person
for Basic Health Services
for the Fiscal Years Ended March 31, 2007 to March 31, 2011



Explanatory Notes

Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

Pathology Services

Alberta Health Services pays for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests, are paid for by the AHCIP.

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to those of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

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Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses, and payments reported in this document do not depict other sources of income or benefit programs which may include some of the following:

- Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP;
- salaried positions and contractual arrangements with Alberta Health Services or private employers;
- payments for services rendered to non-Albertans are not included;
- Alternate Relationship Programs: Sessional, Contractual, Academic, Capitation;
- Medical Liability Reimbursement Program;
- Retention Benefit Program;
- Continuing Medical Education Benefit Program;
- Physician On-Call Program that compensates physicians being on-call;
- Clinical Stabilization Initiative that provides funding for business expenses and retention of physicians;
- The Physician Office System Program that provides funds for electronic office equipment;
- Performance and Diligence Indicator Fund that compensates family physicians who meet specific performance targets;
- Compassionate Expense Program;
- Parental Leave Program;
- Federal Government Funding: e.g. travel to and from reserves for First Nation services; and
- through per capita funding of Primary Care Networks.

Under special circumstances, physicians may also claim and be paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2010/2011. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternate Relationship Plan data are reported separately from fee-for-service data (Table 2.17).

Over the past five years, a number of manual payments have been made.

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Manual payments totalling $35,447,056 made to Alberta physicians for the service period October 1, 2006 to March 31, 2007, are not included in the data. These payments were made to address the 4.50% fee increase negotiated through the *Master Agreement* and implemented retroactively to October 1, 2006.

Manual payments totalling $37,704,829 made to Alberta physicians for the service period April 1, 2007 to June 30, 2007, are not included in the data. These payments were made to address the 4.50% fee increase negotiated through the *Master Agreement* implemented retroactively to April 1, 2007.

Manual payments totalling $57,264,523 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data. These payments were made as part of the 4.90% fee increase negotiated through the *Master Agreement*.

Manual payments totalling $2,974,824 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data. These payments were made as part of the 5.00% fee increase negotiated through the *Master Agreement*.

The Clinical Stabilization Initiative is part of the *Amending Agreement to the Tri-Lateral Master Agreement* for physicians. Effective September 1, 2007, the Clinical Stabilization Initiative was established to address three specific emergent issues:

- Business Cost Program - addresses the rising cost of medical practices in Alberta
- Rural Remote Northern Program - addresses the challenges of recruiting physicians to live and practise in rural, remote and northern areas of the province
- Communities in Crisis - addresses the challenges of recruiting physicians to live and practise in communities in crisis

Manual payments for the Clinical Stabilization Initiative, totalling $53,527,896 made to Alberta physicians for the service period September 1, 2007 to March 31, 2008, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $90,652,998 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $96,490,752 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $97,789,200 made to Alberta physicians for the service period September 1, 2010 to March 31, 2011, are not included in the data.

Practitioner
Practitioner refers to physicians and allied health practitioners (dental specialists/oral surgeons, optometrists and podiatrists) who received fee-for-service payments from the AHCIP.

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Reporting Dates
Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date of service to submit claims to the AHCIP for payment.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Types of Service
The types of service reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

Optometry Services
Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. Routine eye exams for Albertans 19 to 64 years of age are not covered by the AHCIP.

Manual payments totalling $791,248 made to Alberta optometrists for the service period April 1, 2006 to March 31, 2007, are not included in the data. These payments were made to address the 4.00% increase negotiated through the *Master Agreement* and implemented retroactive to April 1, 2006.

Manual payments totalling $911,581 made to Alberta optometrists for the service period April 1, 2007 to September 30, 2007, are not included in the data. These payments were made to address the 8.70% increase negotiated through the *Master Agreement* and implemented retroactively to April 1, 2007.

Manual payments totalling $3,023,303 made to Alberta optometrists for the service period April 1, 2008 to February 28, 2009, are not included in the data.

Manual payments totalling $168,770 made to Alberta optometrists for the service period April 1, 2009 to March 31, 2010, are not included in the data.

Podiatry Services
Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of $250.

On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the surgeries are provided by a podiatrist in a hospital or non-hospital surgical facility under contract to Alberta Health Services.

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Manual payments totalling $32,505 made to Alberta podiatrists for the period January 1 to May 31, 2006 are not included in the data. These payments were made in relation to an agreement between Alberta Health and Wellness and the Alberta Podiatry Association to support podiatrists with credentials from the American Board of Podiatric Surgery or credentials from the American Board of Multiple Specialists in Podiatry and who have been granted hospital privileges by Alberta Health Services.

Chiropractic Services

As of July 1, 2009, chiropractic services were no longer covered under the AHCIP. Tables 2.1, 2.3, 2.4, 2.6, 2.7 and Figure 4 have been recalculated to exclude chiropractic data from 2007 to 2009 for ease of year-to-year comparison.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2007 to March 31, 2011 (1)

Indicators	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
REGISTRATIONS					
Population Covered	3,384,825	3,473,996	3,589,494	3,692,001	3,786,238
Number of Discrete Physician Patients (2)	2,848,553	2,911,621	2,968,190	3,037,953	3,068,772
Number of Discrete Patients per Physician	487	481	474	469	455
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	34,031,123	35,054,154	35,838,334	37,310,962	37,952,270
Number of Physicians	5,850	6,058	6,266	6,482	6,743
Number of Physicians per 1,000 Persons	1.73	1.74	1.75	1.76	1.78
Number of Services per Physician	5,817	5,786	5,719	5,756	5,628
Number of Services per 1,000 Persons	10,055	10,090	9,984	10,106	10,024
Total Physician Payments	$1,558,128,163	$1,718,717,023	$1,851,703,042	$2,133,199,354	$2,302,481,210
Physician Payment per 1,000 Persons	$460,355	$494,738	$515,887	$577,789	$608,118
Average Payment per Physician	$266,347	$283,710	$295,516	$329,096	$341,462
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	33,750,122	34,798,954	35,582,087	37,020,673	37,652,774
Number of Physicians	5,829	6,038	6,245	6,463	6,722
Number of Physicians per 1,000 Persons	1.72	1.74	1.74	1.75	1.78
Number of Services per Physician	5,790	5,763	5,696	5,728	5,601
Number of Services per 1,000 Persons	9,972	10,017	9,913	10,027	9,945
Total Physician Payments	$1,552,727,236	$1,713,185,942	$1,845,886,009	$2,126,247,001	$2,295,183,380
Physician Payment per 1,000 Persons	$458,759	$493,146	$514,247	$575,906	$606,191
Average Payment per Physician	$266,380	$283,734	$295,578	$328,988	$341,444
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	786,154	828,634	910,177	959,086	1,013,407
Number of Allied Practitioners	671	696	718	758	791
Number of Allied Practitioners per 1,000 Persons	0.20	0.20	0.20	0.21	0.21
Number of Services per Allied Practitioner	1,172	1,191	1,268	1,265	1,281
Number of Discrete Allied Patients (3)	471,892	506,764	565,393	595,008	623,565
Number of Discrete Patients per Allied Practitioner	703	728	787	785	788
Total Payments to Allied Practitioners	$31,366,636	$34,795,774	$40,231,043	$47,872,869	$53,094,539
Allied Practitioner Payment per 1,000 Persons	$9,267	$10,016	$11,208	$12,967	$14,023
Average Payment per Allied Practitioner	$46,746	$49,994	$56,032	$63,157	$67,123

Note: This table reflects fee-for-service data only.

Continued...

(1) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.
(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.
(3) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

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Table 2.1
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2007 to March 31, 2011[1]

Indicators	Percentage Change			
	2008/2007	2009/2008	2010/2009	2011/2010
REGISTRATIONS				
Population Covered	2.64%	3.32%	2.86%	2.55%
Number of Discrete Physician Patients [2]	2.21	1.94	2.35	1.01
Number of Discrete Patients per Physician	(1.23)	(1.46)	(1.05)	(2.99)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	3.01	2.24	4.11	1.72
Number of Physicians	3.56	3.43	3.45	4.03
Number of Physicians per 1,000 Persons	0.58	0.57	0.57	1.14
Number of Services per Physician	(0.53)	(1.16)	0.64	(2.22)
Number of Services per 1,000 Persons	0.36	(1.05)	1.22	(0.81)
Total Physician Payments	10.31	7.74	15.20	7.94
Physician Payment per 1,000 Persons	7.47	4.27	12.00	5.25
Average Payment per Physician	6.52	4.16	11.36	3.76
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	3.11	2.25	4.04	1.71
Number of Physicians	3.59	3.43	3.49	4.01
Number of Physicians per 1,000 Persons	1.16	0.00	0.57	1.71
Number of Services per Physician	(0.46)	(1.14)	0.53	(2.21)
Number of Services per 1,000 Persons	0.46	(1.04)	1.15	(0.82)
Total Physician Payments	10.33	7.75	15.19	7.95
Physician Payment per 1,000 Persons	7.50	4.28	11.99	5.26
Average Payment per Physician	6.51	4.17	11.30	3.79
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	5.40	9.84	5.37	5.66
Number of Allied Practitioners	3.73	3.16	5.57	4.35
Number of Allied Practitioners per 1,000 Persons	0.00	0.00	5.00	0.00
Number of Services per Allied Practitioner	1.62	6.48	(0.19)	1.26
Number of Discrete Allied Patients [3]	7.39	11.57	5.24	4.80
Number of Discrete Patients per Allied Practitioner	3.53	8.15	(0.32)	0.43
Total Payments to Allied Practitioners	10.93	15.62	18.99	10.91
Allied Practitioner Payment per 1,000 Persons	8.08	11.90	15.69	8.15
Average Payment per Allied Practitioner	6.95	12.08	12.72	6.28

Note: This table reflects fee-for-service data only.
(1) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.
(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.
(3) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

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Table 2.1A
Number of Services and Total Payments to Allied Practitioners by Service Category Code for the Service Year April 1, 2010 to March 31, 2011[1]

Practitioner Type	Service Category	Number of Services	Total Payments
Dental Specialists/Oral Surgeons	Procedure	14,071	5,217,902
	Visit	6,981	529,124
Optometrists	Visit	690,974	38,131,485
Podiatrists	Procedure	68,225	2,665,909
	Test (x-ray)	13,747	195,266
	Visit	219,409	6,354,854
Total		1,013,407	$53,094,539

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.

Table 2.2
Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2007 to March 31, 2011

Physician Age Group	Number of Physicians					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Under 30	114	103	104	115	128	(9.65)	0.97	10.58	11.30
30 - 34	639	646	667	676	701	1.10	3.25	1.35	3.70
35 - 39	896	964	975	993	980	7.59	1.14	1.85	(1.31)
40 - 44	879	869	891	921	995	(1.14)	2.53	3.37	8.03
45 - 49	911	878	899	890	931	(3.62)	2.39	(1.00)	4.61
50 - 54	897	991	970	972	962	10.48	(2.12)	0.21	(1.03)
55 - 59	672	692	755	814	847	2.98	9.10	7.81	4.05
60 - 64	386	421	461	516	570	9.07	9.50	11.93	10.47
65 & Over	456	494	544	585	629	8.33	10.12	7.54	7.52
Total	5,850	6,058	6,266	6,482	6,743	3.56%	3.43%	3.45%	4.03%

Physician Age Group	Average Payments					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Under 30	$127,203	$164,634	$177,010	$184,814	$204,386	29.43	7.52	4.41	10.59
30 - 34	213,870	230,354	226,333	243,742	264,015	7.71	(1.75)	7.69	8.32
35 - 39	259,216	287,914	295,418	322,524	339,908	11.07	2.61	9.18	5.39
40 - 44	264,220	285,660	305,093	351,937	359,781	8.11	6.80	15.35	2.23
45 - 49	276,763	298,286	312,252	345,578	358,485	7.78	4.68	10.67	3.73
50 - 54	320,418	316,515	333,888	358,656	366,766	(1.22)	5.49	7.42	2.26
55 - 59	318,221	333,915	352,001	398,120	404,133	4.93	5.42	13.10	1.51
60 - 64	271,229	294,671	313,318	365,702	384,221	8.64	6.33	16.72	5.06
65 & Over	185,028	195,297	197,928	228,763	242,079	5.55	1.35	15.58	5.82
Total	$266,347	$283,710	$295,516	$329,096	$341,462	6.52%	4.16%	11.36%	3.76%

Note: This table reflects fee-for-service data only.

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Table 2.2A
Number of Dental Specialists/Oral Surgeons and Average Payments to Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2007 to March 31, 2011

Dental Specialists/Oral Surgeons Age Group	Number of Dental Specialists/Oral Surgeons					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2008/2007	2009/2008	2010/2009	2011/2010
Under 30	4	4	3	8	[redacted]	0.00	(25.00)	166.67	37.50
30 - 34	29	19	21	17	19	(32.14)	10.53	(19.05)	11.76
35 - 39	27	30	24	22	21	11.11	(20.00)	(8.33)	(4.55)
40 - 44	38	41	45	44	35	7.89	9.76	(2.22)	(20.45)
45 - 49	41	36	29	33	32	(12.20)	(19.44)	13.79	(3.03)
50 - 54	36	32	32	38	36	(11.11)	0.00	18.75	(5.26)
55 - 59	24	24	26	26	25	0.00	8.33	0.00	(3.85)
60 - 64	13	16	17	17	21	23.08	6.25	0.00	23.53
65 & Over	9	5	5	7	7	(44.44)	0.00	40.00	0.00
Total	220	207	202	212	207	-5.91%	-2.42%	4.95%	-2.36%

Dental Specialists/Oral Surgeons Age Group	Average Payments					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2008/2007	2009/2008	2010/2009	2011/2010
Under 30	$609	$896	$1,103	$834	$909	47.20	23.03	(24.35)	8.91
30 - 34	11,823	6,884	8,728	16,797	9,337	(41.77)	26.79	92.44	(44.41)
35 - 39	14,642	20,772	20,966	17,763	30,616	41.86	0.93	(15.27)	72.36
40 - 44	20,039	5,933	13,160	20,908	38,951	(70.39)	121.81	58.88	86.30
45 - 49	9,502	25,917	34,625	30,490	37,591	172.77	33.60	(11.94)	23.29
50 - 54	24,791	25,843	29,899	23,401	11,685	4.24	15.69	(21.73)	(50.07)
55 - 59	29,975	35,877	35,899	35,870	39,566	19.69	0.06	(0.08)	10.30
60 - 64	8,355	16,015	16,000	20,233	42,862	91.69	(0.09)	26.45	111.84
65 & Over	4,097	7,181	6,298	10,355	5,796	75.27	(12.29)	64.42	(44.03)
Total	$16,533	$18,908	$22,177	$22,865	$27,763	14.37%	17.29%	3.10%	21.42%

Note: This table reflects fee-for-service data only.

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Table 2.2B
Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2007 to March 31, 2011

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Under 30	56	68	80	81	87	21.43	17.65	1.25	7.41
30 - 34	88	91	94	102	113	3.41	3.30	8.51	10.78
35 - 39	71	85	84	93	100	19.72	(1.18)	10.71	7.53
40 - 44	33	38	46	58	68	15.15	21.05	26.09	17.24
45 - 49	35	30	28	29	29	(14.29)	(6.67)	3.57	0.00
50 - 54	40	41	42	36	35	2.50	2.44	(14.29)	(2.78)
55 - 59	31	32	35	35	37	3.23	9.38	0.00	5.71
60 - 64	27	28	28	26	27	3.70	0.00	(7.14)	3.85
65 & Over	16	21	21	28	28	31.25	0.00	23.81	7.69
Total	397	434	458	486	524	9.32%	5.53%	6.11%	7.82%

Optometrist Age Group	Average Payments					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Under 30	$42,627	$40,371	$47,619	$56,896	$56,382	(5.29)	17.95	19.48	(0.90)
30 - 34	51,149	57,050	64,002	71,394	70,080	11.54	12.19	11.55	(1.87)
35 - 39	48,556	51,717	64,662	73,326	78,398	6.51	25.03	13.40	6.92
40 - 44	55,264	52,610	59,986	76,253	80,916	(4.80)	14.02	27.12	6.12
45 - 49	53,860	58,176	67,399	74,680	82,139	8.01	15.85	10.80	9.99
50 - 54	64,237	69,394	75,581	82,441	86,946	8.03	8.92	9.08	5.47
55 - 59	44,879	48,554	62,395	75,207	85,051	8.19	28.51	20.53	13.09
60 - 64	50,453	55,926	50,412	73,309	74,397	10.85	(9.86)	45.42	1.48
65 & Over	27,305	28,420	35,809	44,628	49,521	4.08	26.00	24.63	10.97
Total	$49,885	$52,163	$59,881	$70,627	$72,770	4.57%	14.80%	17.95%	3.03%

Note: This table reflects fee-for-service data only.

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Table 2.2C
Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2007 to March 31, 2011

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2008/2007	2009/2008	2010/2009	2011/2010
Under 35	7	7	7	7	4	0.00	0.00	0.00	(42.86)
35 - 39	17	12	10	7	8	(29.41)	(16.67)	(30.00)	14.29
40 - 44	12	14	16	18	17	16.67	14.29	12.50	(5.56)
45 - 49	6	7	10	12	15	16.67	42.86	20.00	25.00
50 - 54	5	6	6	8	7	20.00	0.00	33.33	(12.50)
55 & Over	7	9	9	8	9	28.57	0.00	(11.11)	12.50
Total	54	55	58	60	60	1.85%	5.45%	3.45%	0.00%

Podiatrist Age Group	Average Payments					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2008/2007	2009/2008	2010/2009	2011/2010
Under 35	$85,084	$107,353	$102,447	$92,420	$114,002	26.17	(4.57)	(9.79)	23.35
35 - 39	166,607	171,738	139,007	132,762	122,738	3.08	(19.06)	(4.49)	(7.55)
40 - 44	148,872	181,302	193,938	182,676	190,930	21.78	6.97	(5.81)	4.52
45 - 49	216,249	153,872	152,515	171,505	186,997	(28.94)	(0.75)	12.45	9.03
50 - 54	129,424	110,876	98,846	112,137	120,715	(14.33)	(11.03)	13.68	7.65
55 & Over	140,330	127,943	110,947	110,109	98,040	(8.83)	(13.26)	(0.75)	(10.96)
Total	$146,760	$149,873	$143,547	$145,008	$153,600	2.12%	-4.22%	1.02%	5.93%

Note: This table reflects fee-for-service data only.

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Table 2.3
Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2010 to March 31, 2011 [1]

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients [2]	Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
Physicians	$2,302,481,210	37,952,270	$60.67	3,068,772	$750.29	12.4
Dental Specialists/Oral Surgeons	5,747,026	21,052	272.99	13,140	437.37	1.6
Optometrists	38,131,495	690,974	55.19	535,562	71.20	1.3
Podiatrists	9,213,028	301,381	30.58	99,957	92.20	3.0
Total	$2,355,575,748	38,965,677		3,141,653		
Averages Based on Totals			$60.45		$749.79	12.4

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.
(2) Number of Discrete Patients contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2007 to March 31, 2011 [1]

Practitioner Type	Number of Services					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Physicians	34,031,123	35,054,154	35,838,334	37,310,962	37,952,270	3.01%	2.24%	4.11%	1.72%
Dental Specialists/ Oral Surgeons	16,783	16,769	18,075	18,963	21,052	(0.08)	7.79	4.91	11.02
Optometrists	471,847	518,584	602,073	646,171	690,974	9.91	16.10	7.32	6.93
Podiatrists	297,524	293,281	290,029	293,952	301,381	(1.43)	(1.11)	1.35	2.53
Total	34,817,277	35,882,788	36,748,511	38,270,048	38,965,677	3.06%	2.41%	4.14%	1.82%

Note: This table reflects fee-for-service data only.
(1) Numbers have been recalculated to exclude chiropractors from 2007 to 2009.

Table 2.5A
Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2007 to March 31, 2011

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2006/2007	$11,768,511	286,037	$41.14	255,491	$46.06	1.12	849,493
2007/2008	12,734,895	296,937	42.89	264,947	48.07	1.12	862,884
2008/2009	13,998,585	311,986	44.87	277,508	50.44	1.12	879,601
2009/2010	15,762,021	320,429	49.19	283,634	55.57	1.13	894,837
2010/2011	$17,007,831	331,343	$51.33	291,939	$58.26	1.13	909,719

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5B
Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2008 to March 31, 2011

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2007/2008	$1,083,288	26,054	$41.58	20,065	$53.99	1.30	2,238,660
2008/2009	3,338,686	80,401	41.53	57,855	57.91	1.39	2,325,138
2009/2010	4,578,680	101,222	45.23	71,420	64.11	1.42	2,400,052
2010/2011	$5,769,500	122,189	$47.22	84,406	$68.35	1.45	2,485,582

Note: This table reflects fee-for-service data only.
(1) Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. However, routine eye exams for Albertans age 19 to 64 years of age are not covered.
(2) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5C
Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2007 to March 31, 2011

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2006/2007	$8,035,835	185,810	$43.25	129,953	$61.84	1.43	360,706
2007/2008	8,820,617	195,593	45.10	135,981	64.87	1.44	372,452
2008/2009	10,088,319	209,686	48.11	144,720	69.71	1.45	384,755
2009/2010	13,984,233	224,520	62.29	153,674	91.00	1.46	397,112
2010/2011	$15,354,154	237,442	$64.66	159,677	$96.16	1.49	410,937

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

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Table 2.6
Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2007 to March 31, 2011 [1] [2]

Practitioner Type	Number of Practitioners					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2008/2008	2010/2009	2011/2010
Physicians	5,850	6,058	6,266	6,482	6,743	3.56	3.43	3.45	4.03
Dental Specialists/Oral Surgeons	220	207	202	212	207	(5.91)	(2.42)	4.95	(2.36)
Optometrists	397	434	458	486	524	9.32	5.53	6.11	7.82
Podiatrists	54	55	58	60	60	1.85	5.45	3.45	0.00
Total	6,521	6,754	6,984	7,240	7,534	3.57%	3.41%	3.67%	4.06%

Practitioner Type	Total Payments					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2008/2008	2010/2009	2011/2010
Physicians	$1,558,128,163	$1,718,717,023	$1,851,703,042	$2,133,199,354	$2,302,481,210	10.31	7.74	15.20	7.94
Dental Specialists/Oral Surgeons	3,637,243	3,913,975	4,479,725	4,847,467	5,747,026	7.61	14.45	8.21	18.56
Optometrists	19,804,346	22,638,799	27,425,569	34,324,934	38,131,485	14.31	21.14	25.16	11.09
Podiatrists	7,925,047	8,243,000	8,325,748	8,700,467	9,216,028	4.01	1.00	4.50	5.93
Total	$1,589,494,799	$1,753,512,797	$1,891,934,086	$2,181,072,223	$2,355,575,748	10.32%	7.89%	15.28%	8.00%

Practitioner Type	Average Payment					Percentage Change			
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2008/2008	2010/2009	2011/2010
Physicians	$266,347	$283,710	$295,516	$329,096	$341,462	6.52	4.16	11.36	3.76
Dental Specialists/Oral Surgeons	16,533	18,908	22,177	22,865	27,763	14.37	17.29	3.10	21.42
Optometrists	49,885	52,163	59,881	70,627	72,770	4.57	14.80	17.95	3.03
Podiatrists	146,760	149,873	143,547	145,008	153,600	2.12	(4.22)	1.02	5.93
Total	$243,750	$259,626	$270,895	$301,253	$312,659	6.51%	4.34%	11.21%	3.79%

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.
(2) Numbers have been recalculated to exclude chiropractors from 2007 to 2009.

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Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2007 to March 31, 2011 [1] [2] [3]

Dollar Range	Total					Physicians					Dental Specialists/Oral Surgeons				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Less than $10,000	562	558	582	590	592	347	350	389	388	395	186	171	166	173	174
10,000 - 19,999	177	191	223	172	167	132	141	180	137	134	8	8	8	10	1
20,000 - 39,999	356	347	336	312	329	254	254	242	229	236	2	5	5	7	8
40,000 - 59,999	309	334	293	297	322	206	224	191	216	222	3	1	1	2	2
60,000 - 79,999	348	335	303	312	302	254	235	194	206	207	4	6	4		1
80,000 - 99,999	265	258	305	294	282	230	209	239	201	198	5	2	4	3	2
100,000 - 119,999	259	248	272	238	250	238	223	230	186	190	1	4	4	4	3
120,000 - 139,999	255	247	227	248	274	242	228	210	211	225	3	1	1	3	4
140,000 - 159,999	262	266	261	224	219	247	254	243	194	196	3	1	1	2	
160,000 - 179,999	271	251	265	241	243	262	243	256	226	223	1	2	1	1	3
180,000 - 199,999	267	249	240	229	228	262	245	233	221	221	1	1	1	2	
200,000 - 299,999	1,249	1,231	1,211	1,174	1,197	1,237	1,217	1,199	1,164	1,179	1	3	2		4
300,000 - 399,999	876	943	983	1,017	1,039	875	940	979	1,011	1,034	1	1	3	3	1
400,000 - 499,999	461	547	617	711	785	461	547	616	708	779				1	3
500,000 - 599,999	212	284	302	433	450	212	283	302	433	450		1			
600,000 - 699,999	125	147	183	223	247	124	147	183	223	247	1				
700,000 - 799,999	66	87	114	166	191	66	87	113	165	191			1	1	
800,000 - 899,999	37	47	60	97	112	37	47	60	97	112					
900,000 - 999,999	39	34	53	63	62	39	34	53	63	61					1
1,000,000 - 1,999,999 [4]	103	127	129	168	201	103	127	129	168	201					
2,000,000 & Over [4]	20	23	25	33	42	20	23	25	33	42					
Total	6,521	6,754	6,984	7,240	7,534	5,850	6,058	6,266	6,482	6,743	220	207	202	212	207

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) Numbers have been recalculated to exclude chiropractors from 2007 to 2009.

(4) The amounts previously reported in the 2009/2010 Statistical Supplement did not separate figures for gross payments between the ranges of $1,000,000 - $1,999,999 and $2,000,000 and over.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2007 to March 31, 2011 [1] [2] [3]

Dollar Range	Optometrists					Podiatrists				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Less than $10,000	26	36	27	29	23	3	1			
10,000 - 19,999	37	42	34	25	32			1		
20,000 - 39,999	100	86	85	74	84		2	4	2	1
40,000 - 59,999	99	107	98	77	94	1	2	3	2	4
60,000 - 79,999	84	91	100	97	90	6	3	5	9	4
80,000 - 99,999	28	43	58	86	78	2	4	4	4	4
100,000 - 119,999	14	14	32	41	49	6	7	6	7	8
120,000 - 139,999	5	10	8	24	32	5	8	8	8	13
140,000 - 159,999	2	3	8	17	16	10	8	9	11	7
160,000 - 179,999	1	1	4	8	11	7	5	4	4	6
180,000 - 199,999	1		2	2	7	3	3	4	4	
200,000 - 299,999		1	2	5	6	11	10	8	5	8
300,000 - 399,999				1	1		2	1	2	3
400,000 - 499,999					1			1	2	2
500,000 - 599,999										
600,000 - 699,999										
700,000 - 799,999										
800,000 - 899,999										
900,000 - 999,999										
1,000,000 - 1,999,999 [4]										
2,000,000 & Over [4]										
Total	397	434	458	486	524	54	55	58	60	60

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

(4) The amounts previously reported in the 2009/2010 Statistical Supplement did not separate figures for gross payments between the ranges of $1,000,000 - $1,999,999 and $2,000,000 and over.

Table 2.8
Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2007 to March 31, 2011

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2006/2007	$1,558,128,163	34,031,123	$45.79	2,848,553	$546.99	11.95	3,384,625
2007/2008	1,718,717,023	35,054,154	49.03	2,911,621	590.30	12.04	3,473,998
2008/2009	1,851,703,042	35,838,334	51.67	2,968,190	623.85	12.07	3,589,494
2009/2010	2,133,199,354	37,310,962	57.17	3,037,953	702.18	12.28	3,692,001
2010/2011	$2,302,481,210	37,952,270	$60.67	3,068,772	$750.29	12.37	3,786,238
Percentage Change 2011/2010	7.94	1.72	6.11	1.01	6.85	0.70	2.55
Annual Average Percentage Change for Last 5 Years	10.25	2.76	7.29	1.88	8.22	0.87	2.84

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

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Table 2.9
Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2010 to March 31, 2011

Dollar Range	Distribution of		
	Discrete Patients [1]	Payments	Services
$ 0.01 - 50.00	245,084	$8,767,769	250,117
50.01 - 100.00	309,718	22,980,786	504,769
100.01 - 200.00	534,514	78,190,038	1,593,952
200.01 - 300.00	359,013	88,933,684	1,701,669
300.01 - 400.00	267,876	93,204,362	1,721,307
400.01 - 500.00	209,084	93,672,572	1,713,431
500.01 - 600.00	163,701	89,707,231	1,628,649
600.01 - 700.00	129,713	84,090,543	1,505,309
700.01 - 800.00	104,800	78,416,605	1,388,444
800.01 - 900.00	85,425	72,484,989	1,265,972
900.01 - 1,000.00	69,811	66,200,373	1,137,285
1,000.01 - 2,000.00	335,857	468,694,214	7,720,112
2,000.01 - 3,000.00	118,050	286,735,564	4,360,745
3,000.01 - 4,000.00	55,381	190,727,485	2,820,164
4,000.01 - 5,000.00	29,206	130,032,364	1,931,969
5,000.01 & Over	51,539	449,642,629	6,708,376
Total	3,068,772	$2,302,481,210	37,952,270

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.

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Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2010 to March 31, 2011

Dollar Range	Percentage Distribution		
	Discrete Patients [1]	Payments	Services
$ 0.01 - 50.00	7.99	0.38	0.66
50.01 - 100.00	10.09	1.00	1.33
100.01 - 200.00	17.42	3.40	4.20
200.01 - 300.00	11.70	3.86	4.48
300.01 - 400.00	8.73	4.05	4.54
400.01 - 500.00	6.81	4.07	4.51
500.01 - 600.00	5.33	3.90	4.29
600.01 - 700.00	4.23	3.65	3.97
700.01 - 800.00	3.42	3.41	3.66
800.01 - 900.00	2.78	3.15	3.34
900.01 - 1,000.00	2.27	2.88	3.00
1,000.01 - 2,000.00	10.94	20.36	20.34
2,000.01 - 3,000.00	3.85	12.45	11.49
3,000.01 - 4,000.00	1.80	8.28	7.43
4,000.01 - 5,000.00	0.95	5.65	5.09
5,000.01 & Over	1.68	19.53	17.68
Total	100.00	100.00	100.00

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.

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Table 2.10
Distribution of Physicians by Specialty
for the Service Years Ended March 31, 2007 to March 31, 2011

Physicians by Specialty	Number of Physicians				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Total: All Physicians	5,850	6,058	6,266	6,482	6,743
Subtotal:					
All Physicians (except Pathology)	5,829	6,038	6,245	6,463	6,722
All Specialists (except GP/FPs & Pathology)	2,592	2,677	2,753	2,845	2,952
Physicians by Specialty					
Anaesthesiology	304	312	323	345	360
Cardiovascular and Thoracic Surgery	25	29	22	23	22
Dermatology	39	39	39	39	44
Emergency Medicine	78	79	84	92	101
General/Family Physicians (GP/FPs)	3,237	3,361	3,492	3,618	3,770
- General/Family Physicians	3,032	3,145	3,274	3,394	3,537
- Full-Time Emergency Room Physicians	172	182	189	195	200
- Mental Health Generalists	20	19	15	15	17
- Other General Practice Physicians [1]	13	15	14	14	16
General Surgery	170	170	170	180	184
- General Surgery designated specialty	153	155	156	165	168
- Other General Surgery	17	15	14	15	16
Internal Medicine	483	513	569	585	571
- Internal Medicine designated specialty	228	227	244	243	253
- Cardiology	58	62	71	74	77
- Endocrinology/Metabolism	2	3	3	2	2
- Gastroenterology	39	48	52	50	51
- Infectious Diseases	17	18	19	16	16
- Other Internal Medicine	139	155	180	180	172
Neurology	69	71	45	42	50
Neurosurgery	14	12	10	12	11
Obstetrics-Gynaecology	163	168	171	184	188
Ophthalmology	100	97	102	106	110
Orthopaedic Surgery	131	132	133	138	146
Otolaryngology	43	51	55	54	57
Paediatrics	231	232	219	247	256
Physical Medicine & Rehabilitation	32	32	34	30	32
Plastic Surgery	46	49	51	51	53
Psychiatry	357	372	387	396	407
Urology	48	48	49	47	46
Laboratory Specialists	280	291	311	313	335
- Pathology	21	20	21	19	21
- Radiology	259	271	290	294	314

Note: This table reflects fee-for-service data only.
(1) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2007 to March 31, 2011 [1]

Physicians by Specialty	Average Payment				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Total: All Physicians	$266,347	$283,710	$295,516	$329,096	$341,462
Subtotal:					
All Physicians (except Pathology)	266,380	283,734	295,578	328,988	341,444
All Specialists (except GP/FPs & Pathology)	335,770	357,101	374,909	411,328	432,414
Physicians by Specialty					
Anaesthesiology	270,945	295,514	303,748	330,478	345,311
Cardiovascular and Thoracic Surgery	532,365	438,390	556,342	584,110	595,545
Dermatology	600,540	617,993	645,936	726,838	698,525
Emergency Medicine	202,127	227,074	229,956	258,072	256,949
General/Family Physicians (GP/FPs)	210,816	225,298	233,036	264,240	270,211
- General/Family Physicians	210,417	224,827	231,902	263,135	269,068
- Full-Time Emergency Room Physicians	230,828	248,598	262,989	294,572	305,242
- Mental Health Generalists	204,779	204,112	245,511	283,483	284,211
- Other General Practice Physicians [2]	50,972	68,360	80,818	88,973	70,140
General Surgery	334,201	354,085	379,582	414,878	434,080
- General Surgery designated specialty	338,938	355,570	378,628	415,714	434,554
- Other General Surgery	291,562	338,511	389,961	405,880	429,104
Internal Medicine	290,103	301,931	314,814	360,242	391,641
- Internal Medicine designated specialty	224,337	252,839	261,489	311,275	331,938
- Cardiology	603,784	585,500	558,214	628,161	662,653
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	314,300	289,821	323,366	374,530	391,377
- Infectious Diseases	58,957	61,044	72,056	83,434	111,520
- Other Internal Medicine	291,866	297,039	316,298	337,727	386,159
Neurology	178,485	151,029	220,884	266,795	232,845
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	384,628	415,905	440,783	440,808	455,566
Ophthalmology	628,110	708,341	710,840	761,752	876,508
Orthopaedic Surgery	321,179	339,498	372,227	401,436	415,023
Otolaryngology	491,682	466,270	457,863	498,270	517,784
Paediatrics	157,458	177,671	187,432	207,409	220,857
Physical Medicine & Rehabilitation	146,779	186,930	189,985	249,562	288,638
Plastic Surgery	356,521	366,792	382,087	409,521	414,089
Psychiatry	230,125	249,638	259,736	289,402	300,836
Urology	372,643	414,478	440,840	483,619	528,645
Laboratory Specialists	660,782	688,402	699,210	786,935	798,845
- Pathology	257,187	276,554	277,002	365,913	347,516
- Radiology	693,506	729,535	729,784	814,144	829,030

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10A
Distribution of Average Gross Payments Percentage Change for the Service Years Ended March 31, 2007 to March 31, 2011 [1]

Physicians by Specialty	Percentage Change			
	2008/2007	2009/2008	2010/2009	2011/2010
Total: All Physicians	6.52%	4.16%	11.36%	3.76%
Subtotal:				
All Physicians (except Pathology)	6.51	4.17	11.30	3.79
All Specialists (except GP/FPs & Pathology)	6.35	4.99	9.71	5.13
Physicians by Specialty				
Anaesthesiology	9.07	2.79	8.80	4.49
Cardiovascular and Thoracic Surgery	(17.65)	26.91	4.99	1.96
Dermatology	2.91	4.52	12.52	(3.90)
Emergency Medicine	12.34	1.27	12.23	(0.43)
General/Family Physicians (GP/FPs)	6.87	3.43	13.39	2.26
- General/Family Physicians	6.85	3.15	13.47	2.25
- Full-Time Emergency Room Physicians	7.79	5.79	12.01	3.62
- Mental Health Generalists	(0.33)	20.28	15.47	0.26
- Other General Practice Physicians [2]	34.11	17.93	10.36	(21.17)
General Surgery	5.94	7.20	9.30	4.83
- General Surgery designated specialty	4.91	6.48	9.79	4.53
- Other General Surgery	16.10	15.20	4.03	5.77
Internal Medicine	4.08	4.27	14.43	8.72
- Internal Medicine designated specialty	12.71	3.42	19.04	6.64
- Cardiology	(3.03)	(4.66)	12.53	5.49
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(7.79)	11.57	15.82	4.50
- Infectious Diseases	3.54	18.04	15.79	33.66
- Other Internal Medicine	1.77	6.48	6.77	14.34
Neurology	(15.38)	46.12	20.89	(12.72)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	8.13	5.98	0.01	3.35
Ophthalmology	12.77	0.35	7.16	15.06
Orthopaedic Surgery	5.70	9.64	7.85	3.38
Otolaryngology	(5.17)	(1.80)	8.83	3.92
Paediatrics	12.84	5.49	10.66	6.48
Physical Medicine & Rehabilitation	27.36	1.63	31.36	15.66
Plastic Surgery	2.88	4.17	7.18	1.12
Psychiatry	8.48	4.05	11.42	3.95
Urology	11.23	6.36	11.97	7.10
Laboratory Specialists	5.89	0.12	12.55	1.51
- Pathology	7.53	0.16	32.10	(5.03)
- Radiology	5.20	0.03	11.58	1.83

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2007 to March 31, 2011 [1]

Physicians by Specialty	Median Payment				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Total: All Physicians	$218,283	$233,610	$243,945	$271,762	$279,360
Subtotal:					
All Physicians (except Pathology)	218,764	234,195	244,329	272,314	279,713
All Specialists (except GP/FPs & Pathology)	267,106	285,982	307,103	335,885	348,726
Physicians by Specialty					
Anaesthesiology	272,851	294,925	309,461	339,985	351,985
Cardiovascular and Thoracic Surgery	505,955	319,071	566,228	576,054	612,913
Dermatology	553,329	504,361	514,690	632,953	548,269
Emergency Medicine	180,945	213,476	197,644	245,450	257,156
General/Family Physicians (GP/FPs)	199,146	209,778	216,359	243,612	248,886
- General/Family Physicians	196,841	208,025	213,279	241,921	245,518
- Full-Time Emergency Room Physicians	225,229	249,928	259,653	283,583	293,306
- Mental Health Generalists	207,757	181,420	260,542	288,780	282,730
- Other General Practice Physicians [2]	13,888	21,571	30,078	30,620	15,309
General Surgery	326,974	359,201	386,927	417,476	453,766
- General Surgery designated specialty	338,929	360,751	386,927	418,591	453,766
- Other General Surgery	284,000	337,007	383,215	398,701	485,709
Internal Medicine	208,475	219,389	232,107	287,535	312,188
- Internal Medicine designated specialty	165,368	187,595	200,216	272,841	290,544
- Cardiology	611,951	612,808	527,693	557,781	599,140
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	299,540	248,403	232,032	325,366	298,298
- Infectious Diseases	49,468	47,016	28,315	68,576	84,324
- Other Internal Medicine	213,762	209,244	240,673	214,700	284,044
Neurology	162,336	75,499	179,003	258,163	125,198
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	362,387	392,837	401,534	373,412	386,851
Ophthalmology	513,240	590,839	577,507	651,924	741,625
Orthopaedic Surgery	339,793	360,170	400,722	438,377	445,463
Otolaryngology	430,400	383,559	443,484	459,689	544,899
Paediatrics	106,387	126,068	119,228	138,493	155,873
Physical Medicine & Rehabilitation	134,178	181,045	182,253	210,268	225,811
Plastic Surgery	368,685	381,659	382,748	438,120	400,702
Psychiatry	223,086	239,557	246,269	265,201	277,779
Urology	401,469	427,910	433,312	514,515	519,623
Laboratory Specialists	551,415	523,417	584,498	641,984	668,406
- Pathology	2,315	2,866	2,873	5,357	2,535
- Radiology	576,182	566,890	616,457	684,173	710,966

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10B
Distribution of Median Gross Payments Percentage Change for the Service Years Ended March 31, 2007 to March 31, 2011 [1]

Physicians by Specialty	Percentage Change			
	2008/2007	2009/2008	2010/2009	2011/2010
Total: All Physicians	7.02%	4.42%	11.40%	2.80%
Subtotal:				
All Physicians (except Pathology)	7.05	4.33	11.45	2.72
All Specialists (except GP/FPs & Pathology)	7.07	7.39	9.37	3.83
Physicians by Specialty				
Anaesthesiology	8.17	4.93	9.86	3.53
Cardiovascular and Thoracic Surgery	(36.94)	77.46	1.74	6.40
Dermatology	(8.85)	2.05	22.98	(13.70)
Emergency Medicine	17.98	(7.42)	24.19	4.77
General/Family Physicians (GP/FPs)	5.34	3.14	12.60	2.16
- General/Family Physicians	5.68	2.53	13.43	1.49
- Full-Time Emergency Room Physicians	10.97	3.89	9.22	3.43
- Mental Health Generalists	(12.68)	43.61	10.84	(2.10)
- Other General Practice Physicians [2]	55.32	39.44	1.80	(50.00)
General Surgery	9.86	7.72	7.90	8.69
- General Surgery designated specialty	6.44	7.26	8.18	8.40
- Other General Surgery	18.66	13.71	4.04	16.81
Internal Medicine	5.24	5.80	23.88	8.57
- Internal Medicine designated specialty	13.44	6.73	36.17	6.57
- Cardiology	0.14	(13.89)	5.70	7.41
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(17.07)	(6.59)	40.22	(8.32)
- Infectious Diseases	(4.96)	(39.78)	142.19	22.97
- Other Internal Medicine	(2.11)	15.02	(10.79)	32.30
Neurology	(53.49)	137.09	44.22	(51.50)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	8.40	2.21	(7.00)	3.60
Ophthalmology	15.12	(2.26)	12.89	13.76
Orthopaedic Surgery	6.00	11.26	9.40	1.62
Otolaryngology	(10.88)	15.62	3.65	18.54
Paediatrics	18.50	(5.43)	16.16	12.55
Physical Medicine & Rehabilitation	34.93	0.67	15.37	7.39
Plastic Surgery	3.52	0.29	14.47	(8.54)
Psychiatry	7.38	2.80	7.69	4.74
Urology	6.59	1.26	18.74	0.99
Laboratory Specialists	(5.08)	11.67	9.84	4.12
- Pathology	23.79	0.24	86.47	(52.67)
- Radiology	(1.61)	8.74	10.98	3.92

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$1,137,207	395	$1,110,545	381	$643,286	231
10,000 - 19,999	1,999,268	134	1,999,268	134	901,233	61
20,000 - 39,999	6,919,838	236	6,919,838	236	2,298,773	80
40,000 - 59,999	11,015,517	222	11,015,517	222	4,615,597	94
60,000 - 79,999	14,368,964	207	14,368,964	207	5,160,736	74
80,000 - 99,999	17,726,426	198	17,634,350	197	5,593,915	62
100,000 - 119,999	20,915,675	190	20,915,675	190	6,752,324	61
120,000 - 139,999	29,287,231	225	29,165,631	224	9,020,439	69
140,000 - 159,999	29,509,141	196	29,509,141	196	9,659,932	64
160,000 - 179,999	37,971,875	223	37,971,875	223	12,223,925	72
180,000 - 199,999	42,047,339	221	42,047,339	221	11,635,343	61
200,000 - 299,999	295,608,988	1,179	295,608,988	1,179	90,644,307	363
300,000 - 399,999	360,269,691	1,034	360,269,691	1,034	128,962,865	369
400,000 - 499,999	349,108,428	779	348,645,849	778	171,924,248	382
500,000 - 599,999	245,331,580	450	245,331,580	450	140,945,579	258
600,000 - 699,999	159,367,257	247	158,757,474	246	106,622,304	165
700,000 - 799,999	142,942,078	191	142,942,078	191	102,555,726	137
800,000 - 899,999	94,901,881	112	94,901,881	112	71,121,089	84
900,000 - 999,999	57,745,512	61	57,745,512	61	47,333,119	50
1,000,000 - 1,999,999	274,267,356	201	273,021,709	200	244,735,032	176
2,000,000 & Over	110,039,959	42	105,300,476	40	103,137,033	39
Total	$2,302,481,210	6,743	$2,295,183,380	6,722	$1,276,486,804	2,952

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$19,441	4			$1,995	2
10,000 - 19,999	72,135	5	$17,076	1		
20,000 - 39,999	302,064	11	33,945	1		
40,000 - 59,999	446,975	9				
60,000 - 79,999	531,608	8			69,405	1
80,000 - 99,999	796,479	9	82,405	1		
100,000 - 119,999	1,314,415	12			106,050	1
120,000 - 139,999	1,042,467	8			128,915	1
140,000 - 159,999	599,236	4	149,672	1	156,855	1
160,000 - 179,999	1,555,776	9			173,541	1
180,000 - 199,999	753,407	4			194,906	1
200,000 - 299,999	16,701,985	65	505,746	2	780,416	3
300,000 - 399,999	22,003,842	63	642,934	2	1,394,919	4
400,000 - 499,999	36,183,607	81	832,282	2	2,393,747	5
500,000 - 599,999	25,327,151	47	592,607	1	2,150,284	4
600,000 - 699,999	4,958,606	8	1,311,207	2		
700,000 - 799,999	6,037,793	8	765,612	1	4,498,579	6
800,000 - 899,999	1,724,820	2	1,631,685	2	1,729,044	2
900,000 - 999,999			1,940,173	2	2,824,289	3
1,000,000 - 1,999,999	3,940,333	3	4,596,436	4	11,436,596	8
2,000,000 & Over					2,695,544	1
Total	$124,312,140	360	$13,101,980	22	$30,735,085	44

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$4,779	3	$467,259	150	$26,143	5
10,000 - 19,999	21,866	2	1,098,035	73	60,747	4
20,000 - 39,999			4,621,065	156	186,224	6
40,000 - 59,999	137,722	3	6,399,920	128	291,076	6
60,000 - 79,999	267,488	4	9,208,227	133	290,542	4
80,000 - 99,999	179,648	2	12,040,434	135	89,840	1
100,000 - 119,999			14,163,351	129	212,187	2
120,000 - 139,999	781,913	6	20,145,193	155	397,623	3
140,000 - 159,999	1,498,940	10	19,849,208	132	291,531	2
160,000 - 179,999	833,999	5	25,747,949	151	678,111	4
180,000 - 199,999	378,322	2	30,411,995	160	361,944	2
200,000 - 299,999	7,391,454	29	204,984,680	816	5,126,466	20
300,000 - 399,999	8,104,318	23	231,306,828	665	6,968,704	20
400,000 - 499,999	3,503,880	8	176,721,603	396	15,194,256	33
500,000 - 599,999			104,386,001	192	12,577,128	23
600,000 - 699,999	1,234,255	2	52,135,171	81	16,299,253	25
700,000 - 799,999	729,028	1	40,386,352	54	6,632,368	9
800,000 - 899,999	884,238	1	23,780,793	28	6,623,502	8
900,000 - 999,999			10,412,393	11	4,648,433	5
1,000,000 - 1,999,999			28,286,677	24	2,914,650	2
2,000,000 & Over			2,163,443	1		
Total	$25,951,851	101	$1,018,696,575	3,770	$79,870,728	184

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 (1) (2)

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$174,176	77	$31,723	17	$5,915	7
10,000 - 19,999	210,842	14	39,775	3	14,450	1
20,000 - 39,999	691,810	25	33,232	1	61,916	2
40,000 - 59,999	1,295,780	26	105,236	2		
60,000 - 79,999	980,013	14	62,200	1		
80,000 - 99,999	976,552	11	90,109	1		
100,000 - 119,999	881,565	8				
120,000 - 139,999	1,437,356	11				
140,000 - 159,999	1,862,726	11				
160,000 - 179,999	1,730,245	10	160,266	1		
180,000 - 199,999	3,064,731	16			198,194	1
200,000 - 299,999	13,806,286	55	1,014,170	4		
300,000 - 399,999	17,988,595	52	2,395,399	7		
400,000 - 499,999	28,343,565	63	2,189,863	5		
500,000 - 599,999	27,991,968	51	1,655,301	3		
600,000 - 699,999	18,696,599	29	672,559	1		
700,000 - 799,999	21,923,084	29	1,493,115	2		
800,000 - 899,999	19,590,589	23	1,699,287	2		
900,000 - 999,999	11,288,163	12				
1,000,000 - 1,999,999	39,500,735	29				
2,000,000 & Over	11,391,815	5				
Total	$223,627,017	571	$11,642,253	50	$280,475	11

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 (1) (2)

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$11,916	5	$756	1	$24,861	5
10,000 - 19,999	114,139	7	41,770	3	48,248	3
20,000 - 39,999	235,851	8			47,621	2
40,000 - 59,999	354,841	7	85,878	2	41,585	1
60,000 - 79,999	207,875	3	210,275	3	362,148	5
80,000 - 99,999	371,718	4			536,626	6
100,000 - 119,999	445,641	4			334,947	3
120,000 - 139,999	384,665	3	138,458	1	130,105	1
140,000 - 159,999	612,768	4	317,548	2	305,585	2
160,000 - 179,999	858,022	5	185,740	1	677,991	4
180,000 - 199,999	375,068	2	185,522	1	391,087	2
200,000 - 299,999	5,189,095	21	2,320,200	10	2,556,823	10
300,000 - 399,999	8,501,044	24	2,427,609	7	6,239,976	18
400,000 - 499,999	10,799,145	24	3,501,561	8	11,822,280	26
500,000 - 599,999	9,869,409	18	3,286,358	6	17,025,697	31
600,000 - 699,999	8,399,052	13	5,249,628	8	7,728,629	12
700,000 - 799,999	11,827,731	16	5,289,324	7	6,755,134	9
800,000 - 899,999	3,360,788	4	5,868,277	7	4,275,196	5
900,000 - 999,999	3,759,956	4	3,654,257	4		
1,000,000 - 1,999,999	13,014,686	9	44,985,979	32	1,290,861	1
2,000,000 & Over	6,952,949	3	18,686,715	7		
Total	$85,646,358	188	$96,415,855	110	$80,593,401	146

Note: This table reflects fee-for-service data only.

Continued...

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$15,392	2	$170,918	63		
10,000 - 19,999			117,880	8		
20,000 - 39,999			192,472	7	$36,971	1
40,000 - 59,999	95,785	2	581,072	12	109,648	2
60,000 - 79,999	137,551	2	776,747	11		
80,000 - 99,999	285,249	3	468,799	5	94,467	1
100,000 - 119,999			679,904	6	208,785	2
120,000 - 139,999			1,163,523	9	122,722	1
140,000 - 159,999	141,355	1	1,832,144	12	140,646	1
160,000 - 179,999	332,210	2	1,349,290	8		
180,000 - 199,999			951,562	5	753,513	4
200,000 - 299,999	862,179	4	7,399,574	30	2,047,073	9
300,000 - 399,999	1,719,321	5	8,716,020	25	947,907	3
400,000 - 499,999	2,694,695	6	10,808,668	24	926,584	2
500,000 - 599,999	3,418,739	6	6,104,398	11	1,525,861	3
600,000 - 699,999	5,273,553	8	7,682,441	12	1,311,327	2
700,000 - 799,999	6,668,951	9	2,938,242	4		
800,000 - 899,999	1,724,650	2	845,341	1		
900,000 - 999,999	985,462	1	947,749	1		
1,000,000 - 1,999,999	5,158,600	4	2,812,745	2	1,010,919	1
2,000,000 & Over						
Total	$29,513,693	57	$56,539,489	256	$9,236,422	32

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 (1) (2)

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$8,168	2	$35,440	8	$5,772	2
10,000 - 19,999	16,257	1	44,443	3		
20,000 - 39,999			228,278	8		
40,000 - 59,999	98,220	2	725,605	15		
60,000 - 79,999	60,116	1	851,226	12		
80,000 - 99,999	88,742	1	1,177,539	13		
100,000 - 119,999	224,736	2	2,028,577	18		
120,000 - 139,999			2,102,734	16	121,781	1
140,000 - 159,999			1,498,982	10	155,818	1
160,000 - 179,999			2,872,027	17	167,314	1
180,000 - 199,999	388,306	2	3,258,384	17		
200,000 - 299,999	568,572	2	18,942,327	78	206,899	1
300,000 - 399,999	4,510,865	13	27,770,199	79	1,852,968	5
400,000 - 499,999	3,648,804	8	27,781,914	62	5,060,001	11
500,000 - 599,999	4,269,063	8	12,877,768	24	5,037,625	9
600,000 - 699,999	3,770,207	6	11,677,807	18	2,492,349	4
700,000 - 799,999	2,223,984	3	1,516,797	2	4,428,760	6
800,000 - 899,999			1,692,213	2	3,373,921	4
900,000 - 999,999			1,966,289	2		
1,000,000 - 1,999,999	2,070,892	2	3,391,732	3	1,414,481	1
2,000,000 & Over						
Total	$21,946,730	53	$122,440,281	407	$24,317,689	46

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$26,663	14	$105,891	28
10,000 - 19,999			83,805	6
20,000 - 39,999			248,389	8
40,000 - 59,999			246,175	5
60,000 - 79,999			353,543	5
80,000 - 99,999	92,076	1	355,743	4
100,000 - 119,999			315,498	3
120,000 - 139,999	121,600	1	1,068,177	8
140,000 - 159,999			295,927	2
160,000 - 179,999			669,371	4
180,000 - 199,999			380,399	2
200,000 - 299,999			5,225,042	20
300,000 - 399,999			6,778,245	19
400,000 - 499,999	462,579	1	6,239,395	14
500,000 - 599,999			7,236,220	13
600,000 - 699,999	609,783	1	9,864,832	15
700,000 - 799,999			18,827,224	25
800,000 - 899,999			16,097,539	19
900,000 - 999,999			15,318,348	16
1,000,000 - 1,999,999	1,245,647	1	107,195,588	75
2,000,000 & Over	4,739,483	2	63,410,011	23
Total	$7,297,830	21	$260,315,359	314

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

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Table 2.12
Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2010 to March 31, 2011 [1]

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Laboratory) [3]	6,406	5,617.7	33.7	48.7	$362,141	674
All Specialists (except GP/FPs & Laboratory)	2,636	2,238.0	32.8	50.2	453,844	1,692
Physicians by Specialty						
Anaesthesiology	360	306.6	34.2	48.1	405,499	12,351
Cardiovascular and Thoracic Surgery	22	18.0	36.4	45.5	727,199	210,230
Dermatology	44	40.7	34.1	50.0	755,236	93,051
Emergency Medicine	101	92.0	35.6	44.6	282,038	41,150
General/Family Physicians (GP/FPs)	3,770	3,302.0	34.2	47.8	308,506	1,147
- General/Family Physicians	3,537	3,093.1	34.0	48.1	307,680	1,224
- Full-Time Emergency Room Physicians	200	193.3	38.5	41.5	315,768	19,584
- Mental Health Generalists	17	18.0	47.1	35.3	268,199	210,230
- Other General Practice Physicians [4]	16	11.3	18.8	62.5	99,581	336,258
General Surgery	184	154.4	33.7	49.5	517,448	24,529
- General Surgery designated specialty	168	140.9	33.3	49.4	518,218	26,878
- Other General Surgery	16	14.0	37.5	43.8	491,853	271,415
Internal Medicine	569	442.3	30.2	53.8	504,620	8,561
- Internal Medicine designated specialty	253	199.7	30.8	52.2	420,457	18,957
- Cardiology	77	66.3	33.8	48.1	769,751	57,125
- Gastroenterology	51	32.0	23.5	62.7	623,687	118,320
- Infectious Diseases	16	11.6	37.5	50.0	153,348	325,558
- Other Internal Medicine	172	130.3	31.4	53.5	509,926	29,069
Neurology	50	29.3	24.0	64.0	397,985	129,444
Neurosurgery	11	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	188	163.4	33.5	49.5	524,161	23,173
Ophthalmology	110	104.9	38.2	43.6	918,925	36,087
Orthopaedic Surgery	148	120.7	34.9	47.3	501,963	31,366
Otolaryngology	57	46.5	35.1	49.1	634,500	81,407
Paediatrics	256	179.4	27.7	58.6	315,171	21,106
Physical Medicine and Rehabilitation	32	34.1	34.4	40.6	270,976	111,099
Plastic Surgery	53	47.2	37.7	43.4	464,697	80,183
Psychiatry	407	367.5	36.6	45.0	333,191	10,304
Urology	46	43.9	39.1	43.5	553,533	86,188

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Full-Time Equivalent methodology is as follows:

Definition of a Full-Time Equivalent Physician: The definition is based on the methodology developed in 1984 by Health Canada.

Step 1 - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those physicians with claims in all four quarters of the fiscal year.

Step 2 - Count all physicians with payments within the lower and upper benchmark as one full-time equivalent.

- Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (21 Pathology and 314 Radiology physicians) and 2 Endocrinology/Methabolism physicians are excluded.

(4) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	$2,302,481,210	$231,477,574	$197,980,335	$729,067,231	$64,867,841
Subtotal					
All Physicians (except Pathology)	2,295,183,380	231,124,275	197,980,335	729,068,264	64,867,841
All Specialists (except GP/FPs & Pathology)	1,276,484,826	208,983,652	41,121,030	121,301,718	29,229,819
Anaesthesiology	124,312,140	3,943,357	68,255	11,330,154	55,937
Cardiovascular and Thoracic Surgery	13,101,980	1,179,853	14,218	607,938	512,865
Dermatology	30,735,085	6,960,566	2,117,002	4,075,773	31,228
Emergency Medicine	25,951,851	1,604,091	224,790	16,224,084	1,456
General/Family Physicians (GP/FPs)	1,018,696,575	22,160,624	156,859,304	607,766,546	35,658,023
- General/Family Physicians	951,694,259	19,251,158	156,205,690	585,534,257	35,629,972
- Full-Time Emergency Room Physicians	61,048,491	2,785,288	426,015	41,135,475	14,762
- Mental Health Generalists	4,831,580	75,782	176,053	388,025	4,075
- Other General Practice Physicians [3]	1,122,245	48,395	51,546	708,789	9,214
General Surgery	79,870,728	23,459,384	159,203	5,931,251	1,793,943
- General Surgery designated specialty	73,005,068	21,681,983	141,185	5,368,818	1,714,008
- Other General Surgery	6,865,660	1,777,401	18,018	562,433	79,935
Internal Medicine	223,627,017	71,764,513	4,073,117	23,988,508	20,945,838
- Internal Medicine designated specialty	83,980,296	37,602,091	2,269,940	12,801,610	14,502,380
- Cardiology	51,024,264	11,787,703	408,409	1,901,441	1,920,349
- Endocrinology/Metabolism	458,535			94	
- Gastroenterology	19,960,233	8,474,896	135,424	1,319,252	602,658
- Infectious Diseases	1,784,318	1,181,948	43,181	422,541	92,754
- Other Internal Medicine	66,419,370	12,717,873	1,216,163	7,543,571	3,827,697
Neurology	11,842,253	7,957,992	192,912	931,075	422,469
Neurosurgery	280,475	875	289	19,915	341
Obstetrics-Gynaecology	85,646,358	14,527,515	2,381,698	16,622,661	836,931
Ophthalmology	96,415,855	9,987,535	13,994,365	6,359,937	3,476
Orthopaedic Surgery	60,593,401	12,750,029	400,668	5,150,901	397,062
Otolaryngology	29,513,693	6,519,574	334,279	1,636,924	28,007
Paediatrics	56,539,489	15,850,715	13,257,206	19,425,830	3,085,783
Physical Medicine and Rehabilitation	9,236,422	3,227,655	32,621	2,061,279	965,444
Plastic Surgery	21,946,730	2,748,358	828,554	1,994,308	15,670
Psychiatry designated specialty	122,440,281	18,910,717	2,658,834	2,388,053	722
Urology	24,317,689	6,620,504	343,098	2,323,241	131,567
Laboratory Specialists	267,613,188	1,303,719	39,921	268,851	1,082
- Pathology	7,297,830	353,299		18,967	
- Radiology	260,315,359	950,420	39,921	249,884	1,082

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Physicians by Specialty	Special Calls	Psychotherapy/ Counselling	Major Surgery	Minor Surgery
Total: All Physicians	$33,593,574	$136,266,617	$282,414,985	$20,739,774
Subtotal				
All Physicians (except Pathology)	33,593,574	136,266,617	282,413,646	20,739,774
All Specialists (except GP/FPs & Pathology)	1,729,439	85,787,658	257,932,765	8,549,557
Anaesthesiology	5,887	532,007	72,425,764	1,812,107
Cardiovascular and Thoracic Surgery	913	969	10,199,584	9,688
Dermatology	1,205	417	7,286,093	1,704,096
Emergency Medicine	29,464	478,490	450,920	555,428
General/Family Physicians (GP/FPs)	31,864,136	50,478,959	24,480,881	12,190,217
- General/Family Physicians	31,746,202	45,761,726	23,281,810	10,413,464
- Full-Time Emergency Room Physicians	106,006	932,524	1,198,969	1,770,792
- Mental Health Generalists	8,930	3,501,130		1,131
- Other General Practice Physicians [3]	2,995	283,580	102	4,830
General Surgery	66,329	43,560	35,377,956	1,107,685
- General Surgery designated specialty	64,860	43,560	31,470,789	1,091,403
- Other General Surgery	1,469		3,907,167	16,283
Internal Medicine	415,707	71,598	6,611,624	277,904
- Internal Medicine designated specialty	304,485	19,937	92,347	219,560
- Cardiology	44,059		5,583,487	
- Endocrinology/Metabolism				
- Gastroenterology	6,351	92	21,506	33,828
- Infectious Diseases	3,141		215	856
- Other Internal Medicine	57,671	51,569	914,069	23,659
Neurology	2,002	3,949	453	
Neurosurgery			258,634	
Obstetrics-Gynaecology	931,666	95,113	11,380,585	34,949
Ophthalmology	159,573		34,099,167	216,872
Orthopaedic Surgery	19,476	53,881	40,895,359	157,982
Otolaryngology	18,218	1,080	9,066,416	1,913,552
Paediatrics	52,177	1,195,918	126,348	97,291
Physical Medicine and Rehabilitation	275	747,152	714	1,482
Plastic Surgery	9,829		15,483,520	612,388
Psychiatry designated specialty	6,712	82,539,968		
Urology	10,006	23,555	10,504,295	20,075
Laboratory Specialists	0		3,786,675	28,059
- Pathology			1,339	
- Radiology			3,785,336	28,059

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Physicians by Specialty	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
Total: All Physicians	$1,979	$22,909,577	$44,393,433	$237,892,064
Subtotal				
All Physicians (except Pathology)	1,979	22,909,577	44,393,433	237,892,064
All Specialists (except GP/FPs & Pathology)		18,655,261	27,533,536	237,214,720
Anaesthesiology	1,979	16,405,794	4,878,377	1,865,717
Cardiovascular and Thoracic Surgery		60,730		551
Dermatology		129,179		
Emergency Medicine		2,486	1,727	
General/Family Physicians (GP/FPs)		4,254,316	16,859,897	677,344
- General/Family Physicians		4,241,455	16,850,211	672,474
- Full-Time Emergency Room Physicians		12,861	9,686	4,870
- Mental Health Generalists				
- Other General Practice Physicians [3]				
General Surgery		48,389	37,735	
- General Surgery designated specialty		46,539	37,735	
- Other General Surgery		1,850		
Internal Medicine		49,017	7,594	10,369,016
- Internal Medicine designated specialty		265	230	259,080
- Cardiology				10,107,080
- Endocrinology/Metabolism				151
- Gastroenterology		148		
- Infectious Diseases				
- Other Internal Medicine		48,604	7,364	2,706
Neurology		153,454		
Neurosurgery				
Obstetrics-Gynaecology		24,140	22,582,713	8,290,648
Ophthalmology		524	141	8,835,652
Orthopaedic Surgery		85,892	989	
Otolaryngology		77,892	4,961	
Paediatrics		2,293	18,541	832,688
Physical Medicine and Rehabilitation		480,862		440,666
Plastic Surgery		4,296	585	
Psychiatry designated specialty				
Urology		171,052	95	
Laboratory Specialists		959,262	97	206,579,782
- Pathology				
- Radiology		959,262	97	206,579,782

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$44,567,195	$203,939,418	$15,213,186	$37,116,425
Subtotal				
All Physicians (except Pathology)	44,567,195	197,019,618	15,208,762	37,116,425
All Specialists (except GP/FPs & Pathology)	44,567,013	164,789,413	1,939,372	27,169,874
Anaesthesiology		8,522,338	28,544	2,435,923
Cardiovascular and Thoracic Surgery		437,165		77,506
Dermatology		7,982,399	8,863	438,265
Emergency Medicine		5,795,944	36	582,936
General/Family Physicians (GP/FPs)	182	32,230,205	13,269,390	9,946,551
- General/Family Physicians	182	20,808,852	13,250,855	8,045,950
- Full-Time Emergency Room Physicians		11,415,719	5,533	1,229,990
- Mental Health Generalists		2,745	3,226	670,483
- Other General Practice Physicians [3]		2,889	9,777	128
General Surgery		11,248,263	3,564	593,465
- General Surgery designated specialty		10,793,668	3,157	547,364
- Other General Surgery		454,595	408	46,102
Internal Medicine	5,788,659	72,619,231	39,533	6,605,159
- Internal Medicine designated specialty	4,473	14,936,349	17,183	950,366
- Cardiology	5,325,895	13,661,247		284,594
- Endocrinology/Metabolism	458,291			
- Gastroenterology		9,285,485	307	80,285
- Infectious Diseases		33,704	3,335	2,643
- Other Internal Medicine		34,702,446	18,708	5,287,271
Neurology		1,896,978	36,759	44,210
Neurosurgery		327		94
Obstetrics-Gynaecology		6,230,912	1,589,721	117,105
Ophthalmology		22,705,748	276	52,590
Orthopaedic Surgery		551,589	21,327	108,248
Otolaryngology		9,858,313	2,797	51,680
Paediatrics		2,164,815	37,124	392,760
Physical Medicine and Rehabilitation		1,049,639	160,584	68,049
Plastic Surgery		219,991	191	49,061
Psychiatry designated specialty		634,832	8,880	15,311,583
Urology		3,986,827	113	183,261
Laboratory Specialists	38,778,353	15,803,903	5,505	57,979
- Pathology		6,919,800	4,425	
- Radiology	38,778,353	8,884,103	1,080	57,979

Note: This table reflects fee-for-service data only.
(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Service Type \ Age & Gender		All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	599	$66,440	758	$110,670	286	$32,201
	M	484	55,864	901	128,989	369	41,462
Major Assessment	F	573	60,124	1,663	174,516	570	58,418
	M	413	44,500	1,684	177,126	598	61,843
Other Assessment	F	4,582	228,512	3,679	218,087	3,138	162,355
	M	3,096	156,819	4,066	244,518	3,420	180,686
Hospital Care Days	F	406	17,764	505	29,296	82	5,489
	M	350	16,516	591	34,721	107	7,092
Special Calls	F	22	10,599	2	7,454	4	8,808
	M	13	7,156	2	8,811	5	10,133
Psychotherapy/Counselling	F	937	41,168	6	398	23	1,351
	M	700	30,842	6	344	39	2,264
Major Surgery	F	962	76,257	291	29,642	224	16,704
	M	878	72,932	562	44,792	393	28,456
Minor Surgery	F	81	4,669	32	1,900	70	4,470
	M	105	6,282	52	3,006	111	7,270
Surgical Assistance	F	–	–				
	M	–	1				
Anaesthesiology	F	394	10,293	53	1,347	218	4,369
	M	57	1,833	50	1,263	255	5,196
Obstetrical Services	F	189	23,518				
	M						
Diagnostic & Therapeutic Services, Radiology	F	949	93,359	49	6,417	72	5,690
	M	414	32,478	67	8,451	92	6,484
Laboratory Services	F	77	15,707			–	14
	M	27	7,858			–	9
Other Diagnostic & Therapeutic Services	F	1,542	54,451	602	32,965	583	10,967
	M	1,366	53,279	694	39,224	763	13,730
Special Services [3]	F	375	7,197	3	43	10	139
	M	78	857	1	15	11	170
Miscellaneous Services [4]	F	207	9,573	58	2,514	40	1,768
	M	201	10,032	77	3,333	52	2,283
Total	F	11,876	$719,632	7,703	$615,249	5,318	$312,742
	M	8,183	$497,246	8,753	$694,594	6,218	$367,075

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.
(2) – equals a non-zero value; actual value too small to be shown.
(3) Special Services include injections, immunizations, pap smears, insertion of IUD.
(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Service Type \ Age & Gender		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	232	$23,193	382	$37,740	590	$61,186
	M	315	30,767	251	25,175	298	33,011
Major Assessment	F	283	28,534	370	37,016	513	51,983
	M	298	30,206	182	18,028	227	23,312
Other Assessment	F	1,851	89,353	3,537	184,670	4,692	242,315
	M	1,858	93,549	1,705	90,743	2,156	108,786
Hospital Care Days	F	23	1,421	89	3,877	150	6,359
	M	24	1,485	58	2,728	85	4,168
Special Calls	F	3	4,673	2	10,733	4	10,125
	M	3	4,900	2	5,803	3	4,466
Psychotherapy/Counselling	F	230	10,086	772	33,898	1,080	46,214
	M	416	19,176	680	30,663	782	33,717
Major Surgery	F	231	14,602	416	27,339	765	52,443
	M	287	17,763	484	32,311	532	40,822
Minor Surgery	F	73	4,292	70	3,953	71	4,023
	M	99	5,965	108	6,630	96	5,698
Surgical Assistance	F			–	4		
	M	–	2	–	3		
Anaesthesiology	F	110	2,146	547	12,986	896	22,173
	M	128	2,469	23	572	20	760
Obstetrical Services	F	4	513	234	33,107	455	62,935
	M						
Diagnostic & Therapeutic Services, Radiology	F	115	8,326	440	45,702	1,000	111,758
	M	114	7,573	184	11,719	295	22,509
Laboratory Services	F	2	391	7	1,782	17	4,323
	M	1	275	4	1,201	10	3,111
Other Diagnostic & Therapeutic Services	F	773	9,833	877	20,416	1,220	37,426
	M	935	11,572	576	15,446	789	25,886
Special Services [3]	F	19	270	291	6,307	495	10,792
	M	21	299	22	273	40	453
Miscellaneous Services [4]	F	74	3,309	167	8,140	139	6,529
	M	120	5,400	202	9,572	157	7,552
Total	F	4,022	$200,941	8,202	$467,686	12,088	$730,585
	M	4,618	$231,399	4,482	$250,866	5,488	$314,249

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.
(2) – equals a non-zero value; actual value too small to be shown.
(3) Special Services include injections, immunizations, pap smears, insertion of IUD.
(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Service Type \ Age & Gender		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	692	$79,639	1,036	$123,586	1,281	$151,889
	M	589	70,386	1,131	137,327	1,589	188,633
Major Assessment	F	635	67,335	877	97,063	1,112	125,974
	M	464	51,709	833	95,464	1,311	145,825
Other Assessment	F	4,638	223,449	6,598	317,988	11,222	536,625
	M	3,531	175,695	6,174	305,027	10,455	528,225
Hospital Care Days	F	278	12,990	924	41,690	3,572	148,284
	M	314	15,552	1,118	53,207	3,662	159,516
Special Calls	F	8	5,893	28	10,688	286	48,369
	M	8	5,622	31	12,061	166	36,531
Psychotherapy/Counselling	F	1,385	61,422	1,026	47,004	963	43,619
	M	882	38,507	733	32,991	933	41,476
Major Surgery	F	1,385	108,989	2,272	205,489	2,410	223,584
	M	1,164	98,550	2,581	234,458	3,035	287,336
Minor Surgery	F	95	5,351	105	6,164	110	6,636
	M	106	6,166	128	7,634	146	8,938
Surgical Assistance	F						
	M						
Anaesthesiology	F	62	3,223	68	4,308	73	4,534
	M	39	1,997	65	3,761	67	3,894
Obstetrical Services	F	2	191	–	11	–	27
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,391	133,082	1,792	156,685	1,719	136,203
	M	595	48,361	1,087	90,004	1,392	109,611
Laboratory Services	F	160	31,847	290	57,962	196	40,784
	M	43	13,094	119	32,803	118	32,146
Other Diagnostic & Therapeutic Services	F	1,979	75,696	3,260	136,847	3,670	174,924
	M	1,776	77,007	3,669	177,387	4,704	236,711
Special Services [3]	F	501	8,996	501	7,300	400	4,640
	M	110	1,185	254	2,676	382	3,994
Miscellaneous Services [4]	F	206	9,965	341	17,406	977	40,371
	M	185	9,850	360	20,392	883	42,937
Total	F	13,397	$827,868	19,117	$1,234,173	27,991	$1,686,665
	M	9,805	$613,680	18,283	$1,205,193	28,826	$1,825,773

Note: This table reflects fee-for-service data only.
(1) A blank cell represents a zero value.
(2) – equals a non-zero value; actual value too small to be shown.
(3) Special Services include injections, immunizations, pap smears, insertion of IUD.
(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.15
Percentage Changes to Rates in the Schedule of
Medical Benefits by Specialty for October 1, 2006 to March 31, 2011

Specialty \ Effective Date	October 1, 2006	April 1, 2007	April 1, 2008	August 1, 2008	April 1, 2009	April 1, 2010
Anaesthesia	3.7	3.7	2.5	0.7	4.5	4.1
Cardiology	2.3	2.3	2.5	Nil	2.0	2.4
Cardiovascular and Thoracic Surgery	2.4	2.4	2.5	Nil	2.1	2.1
Critical Care Medicine	2.4	2.4	2.5	Nil	4.2	3.5
Dermatology	2.4	2.4	2.5	Nil	2.0	2.4
Radiology	3.1	3.1	2.5	Nil	2.0	2.5
Emergency Medicine	5.0	5.0	2.5	1.0	4.6	4.8
Endocrinology/Metabolism	7.2	7.2	2.5	2.7	4.2	6.2
Gastroenterology	4.5	4.5	2.5	0.6	2.6	3.2
General Practice	5.4	5.4	2.5	4.1	7.0	5.6
General Surgery	3.3	3.3	2.5	1.9	4.2	3.4
Mental Health Generalists	4.5	4.5	2.5	4.5	7.4	4.6
Infectious Diseases	7.7	7.7	2.5	3.5	4.6	8.4
Internal Medicine	5.5	5.5	2.5	3.9	6.5	4.6
Nephrology	2.7	2.7	2.5	Nil	2.0	2.3
Neurology	6.7	6.7	2.5	3.0	4.4	5.3
Neurosurgery	3.6	3.6	2.5	0.4	2.3	4.8
Obstetrics-Gynaecology	3.2	3.2	2.5	0.4	2.4	3.5
Ophthalmology	2.9	2.9	2.5	Nil	2.0	2.5
Orthopaedic Surgery	3.5	3.5	2.5	0.7	2.9	3.6
Otolaryngology	2.5	2.5	2.5	Nil	2.0	2.9
Paediatrics	7.2	7.2	2.5	6.1	7.3	6.2
Pathology	4.5	4.5	2.5	2.0	3.6	2.0
Physical Medicine and Rehabilitation	7.7	7.7	2.5	3.5	4.6	6.5
Plastic Surgery	3.5	3.5	2.5	0.6	2.6	4.4
Psychiatry	4.5	4.5	2.5	3.2	5.0	4.9
Respiratory Medicine	5.4	5.4	2.5	0.3	2.4	3.4
Rheumatology	5.7	5.7	2.5	2.4	3.9	7.3
Urology	3.1	3.1	2.5	0.1	2.1	3.2
Vascular Surgery	3.9	3.9	2.5	1.1	3.7	3.3
All Physicians	4.5%	4.5%	2.5%	2.4%	5.0%	4.5%

Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits
for April 1, 2005 to March 31, 2011

Type of Practitioner / Effective Date	Medical	Dental Specialists/Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
April 1, 2005	Nil	Nil	2.9	Nil
October 1, 2005	3.3	Nil	Nil	Nil
April 1, 2006	Nil	Nil	4.0	Nil
October 1, 2006	4.5	3.5	Nil	Nil
April 1, 2007	4.5	Nil	4.5	Nil
October 1, 2007	Nil	3.9	Nil	Nil
April 1, 2008	2.5	Nil	5.0	Nil
August 1, 2008	2.4	Nil	Nil	Nil
April 1, 2009	5.0	Nil	5.0	Nil
April 1, 2010	4.5	Nil	4.5	Nil
October 1, 2010	Nil	10.2	Nil	9.7

Alternate Relationship Plans

Under the 2003 *Tri-Lateral Master Agreement* between Alberta Health and Wellness, Alberta Health Services, and the Alberta Medical Association, which was in effect until March 31, 2011. Innovative health delivery models are funded using agreements known as Alternate Relationship Plans.

The purpose of Alternate Relationship Plans is to provide physician funding models other than fee-for-service that promote innovation in clinical service delivery, improved patient care, and/or enhance practitioner satisfaction. The intent of the Alternate Relationship Plans is to advance the following:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

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Model Type Definitions

Clinical Alternate Relationship Plans

At present, there are 47 Clinical Alternate Relationship Plans that use three working models for funding physician services, which are:

- Capitation Alternate Relationship Plan – This model is used in two Alternate Relationship Plans for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per patient, per annum within a defined basket of insured health service codes.
- Contractual Alternate Relationship Plan – This model is used in 29 Alternate Relationship Plans for specialized health service delivery to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional Alternate Relationship Plan – This model is used in 16 Alternate Relationship Plans for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of insured health services within an organized program to a defined patient group.

Academic Alternate Relationship Plans

Academic Alternate Relationship Plans are funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements have been successful in

:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

Ten Academic Alternate Relationship Plans were implemented in Alberta in 2010/2011. Academic Alternate Relationship Plans involve the following: the Universities and Faculties of Medicine, the participating physicians, Alberta Health and Wellness, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Advanced Education and Technology.

Table 2.17
Alternate Relationship Plans (ARP) Summary by Type
For the Service Year April 1, 2010 to March 31, 2011

	General Practitioners	Specialists	Expenditures [1]
Clinical ARPs	664	244	107,058,003
Academic ARPs	73	707	164,201,252
Total [2]	737	951	$271,259,255
Total ARP Physicians	1,688		

(1) Expenditures for the 2010/2011 Fiscal Year as of August 31, 2011 and payments associated with the Clinical Stabilization Initiative are not included.

(2) Physician count is not discrete between Clinical and Academic Alternate Relationship Plans.

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Out-of-Country Health Coverage

Alberta Health and Wellness provides two sources of funding for Albertans who wish to receive insured medical treatment outside Canada: application through the Alberta Health Care Insurance Plan (AHCIP) or through the Out-of-Country Health Services Committee (OOCHSC).

The AHCIP provides only limited physician and hospital costs outside of Canada.

Insured physician services received outside Canada are paid at the lesser of the amount claimed or the rate an Alberta physician or dentist would be paid for that service. The rate for in-patient hospital services is $100 (Canadian) per day. The outpatient rate is $50 (Canadian) per day.

As of July 1, 2006 coverage for out-of-province and out-of-country podiatry, chiropractic and optometry services was discontinued.

Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Year April 1, 2010 to March 31, 2011 (1)

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments
Physicians (2)	15,648	6,281	$908,221	518	108	$49,147	15,128	6,276	$859,074
Dental Specialists/Oral Surgeons	6	5	1,493	6	5	1,493	0	0	0
Total	15,654	6,284	$909,715	526	113	$50,640	15,128	6,276	$859,074

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients is a discrete overall patient count and not a sum.
(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

The OOCHSC considers applications for funding of insured physician, oral surgical and hospital services received outside of Canada when a resident has endeavoured to receive the services in Canada and the services were not available.

The OOCHSC operates at arm's length from Alberta Health and Wellness. Committee decisions can be appealed in writing to the Out-of-Country Health Services Appeal Panel which also operates at arm's length from Alberta Health and Wellness.

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Table 2.19
Out-of-Country Health Services Program:
Applications Reviewed
for the Service Years Ended March 31, 2007 to March 31, 2011

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Received	84	86.0	130	94	125
Approved	47	55.0	77	43	78
Approved on Appeal [1]	2	1.5	2	4	8.5
Denied	35	28.5	51	47	38.5

(1) Row added to show those approved by the Appeal Panel. Denied numbers have been adjusted for the year ending 2007.

Table 2.20
Out-of-Country Health Services Program:
Payments Made for Approved Applications
for the Service Years Ended March 31, 2007 to March 31, 2011

Amount Paid ($)	Type of Service				
	Required services not available in Alberta				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Medical Services	$1,000,667	$857,403	$1,461,543	$785,605	$867,574
Hospital Services	1,993,838	2,888,451	2,264,340	2,945,522	2,716,470
Total	$2,994,504	$3,545,854	$3,725,883	$3,731,127	$3,584,044

Primary Care Networks

Primary Care Networks are formed through formal arrangements between groups of primary care physicians and Alberta Health Services. Primary Care Networks are organized to deliver a wide range of primary care services. They have the flexibility to design local programs that meet the needs of patients in the community, while working within the provincial framework.

Primary Care is defined as the first point of contact with the health system, where health services are mobilized and co-ordinated to promote health, prevent and care for illness, and manage ongoing problems.

The goals of Primary Care Networks are to:

- improve access to primary care services for more Albertans,
- manage access to appropriate round-the-clock primary care services,
- increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses,
- improve coordination and integration of primary care services with hospital, long-term and specialty care, and
- foster a multi-disciplinary team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside Primary Care Network on May 1, 2005.

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Table 2.21
Primary Care Networks:
Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2010 to March 31, 2011

Primary Care Network	AHS Zone	Number of Primary Care Physicians[1]	Number of Patients Enrolled[2]	Total Payments to the Primary Care Network[3]
Chinook	South Zone (Zone 1)	98	121,904	$6,100,045
Palliser	South Zone (Zone 1)	63	88,909	4,455,675
Bow Valley	Calgary Zone (Zone 2)	34	24,202	1,260,294
Calgary Foothills	Calgary Zone (Zone 2)	272	313,021	15,562,716
Calgary Rural	Calgary Zone (Zone 2)	115	100,891	5,033,672
Calgary West Central	Calgary Zone (Zone 2)	273	285,593	14,627,337
Highland	Calgary Zone (Zone 2)	41	46,737	2,278,126
Mosaic	Calgary Zone (Zone 2)	96	132,634	6,530,100
South Calgary	Calgary Zone (Zone 2)	110	115,401	5,584,925
Big Country	Central Zone (Zone 3)	28	37,479	2,013,267
Camrose	Central Zone (Zone 3)	20	23,214	1,083,550
Lloydminster	Central Zone (Zone 3)	14	13,479	168,488
Provost	Central Zone (Zone 3)	2	5,166	267,650
Red Deer	Central Zone (Zone 3)	69	103,998	5,413,416
Rocky Mountain House	Central Zone (Zone 3)	14	14,006	725,691
Vegreville	Central Zone (Zone 3)	6	6,182	220,099
Vermilion	Central Zone (Zone 3)	4	5,613	160,445
Wetaskiwin	Central Zone (Zone 3)	23	24,164	689,006
Wolf Creek	Central Zone (Zone 3)	46	53,970	2,704,200
Alberta Heartland	Edmonton Zone (Zone 4)	27	34,355	1,704,712
Edmonton North	Edmonton Zone (Zone 4)	117	156,464	7,764,718
Edmonton Oliver	Edmonton Zone (Zone 4)	61	49,663	2,619,511
Edmonton Southside	Edmonton Zone (Zone 4)	129	142,295	6,987,055
Edmonton West	Edmonton Zone (Zone 4)	87	101,474	4,618,125
Leduc/Beaumont/Devon	Edmonton Zone (Zone 4)	49	53,985	2,729,687
St. Albert & Sturgeon	Edmonton Zone (Zone 4)	53	77,032	3,850,990
Sherwood Park-Strathcona County	Edmonton Zone (Zone 4)	66	82,363	4,237,943
WestView	Edmonton Zone (Zone 4)	70	68,875	3,471,445
Athabasca	North Zone (Zone 5)	21	21,387	1,072,400
Bonnyville	North Zone (Zone 5)	14	12,100	604,350
Cold Lake	North Zone (Zone 5)	7	12,060	441,750
Grande Prairie	North Zone (Zone 5)	30	42,178	1,054,450
McLeod River	North Zone (Zone 5)	26	24,798	1,245,135
Northwest	North Zone (Zone 5)	37	25,356	1,254,047
Peace River	North Zone (Zone 5)	19	18,922	944,456
Sexsmith	North Zone (Zone 5)	8	10,145	392,025
St. Paul/Aspen	North Zone (Zone 5)	29	38,607	2,237,824
West Peace	North Zone (Zone 5)	6	9,202	448,250
Wood Buffalo	North Zone (Zone 5)	32	55,560	$2,680,125
Total		2216	2,553,384	$125,237,697

(1) The term Primary Care Physician includes both family physicians and general practitioners. Physicians participating in Primary Care Networks continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.
(2) Informal enrolment is based on a default method of calculating one patient encounter with a Primary Care Network health service provider at a Primary Care Network service delivery location for services included in Article 8, Schedule G of the Primary Care Initiative Agreement, in the past three years. Informal enrolment is based on assignment of discrete patients to Primary Care Networks based on overall volume of care to a single provider.
(3) Primary Care Networks operate within a mixed payment environment, receiving a capitation payment up to $50 per patient, per year. In addition, some Primary Care Networks are eligible for the following grants: Capacity Building Grants, Specialist Linkages and the Pharmacist Integration Pilot Project.

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Section 3: Regional Data

Summary

As of May 15, 2008, the Alberta Health Services Board became the common governance board responsible for the delivery of health services previously provided by the nine regional health authorities, the Alberta Cancer Board, the Alberta Alcohol and Drug Abuse Commission and the Alberta Mental Health Board.

Alberta Health Services has divided Alberta into five continuum zones for ease of management of the delivery of health care services. The five health zones are loosely related to the former health regions as follows:

Zone 1 (South Zone):	Chinook Regional Health Authority
	Palliser Health Region
Zone 2 (Calgary Zone):	Calgary Health Region
Zone 3 (Central Zone):	David Thompson Regional Health Authority
	East Central Health
Zone 4 (Edmonton Zone):	Capital Health
Zone 5 (North Zone):	Aspen Regional Health Authority
	Peace Country Health
	Northern Lights Health Region

This section provides practitioner fee-for-service data broken down by the five zones.

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Alberta Ministry of Health and Wellness Annual Report 2010/2011*. Performance measures and financial information for 2010/2011 is reported based on the boundaries of the former regions and boards.

Highlights

- A total of 38.26% of physician fee-for-service expenditures were for services received in Zone 4 (Edmonton Zone); 37.59% for services received in Zone 2 (Calgary Zone) and the balance (24.15%) for services received in the other three zones.
- An average of 89.09% of payments for services received by patients were provided in the health zone where the patient resides.

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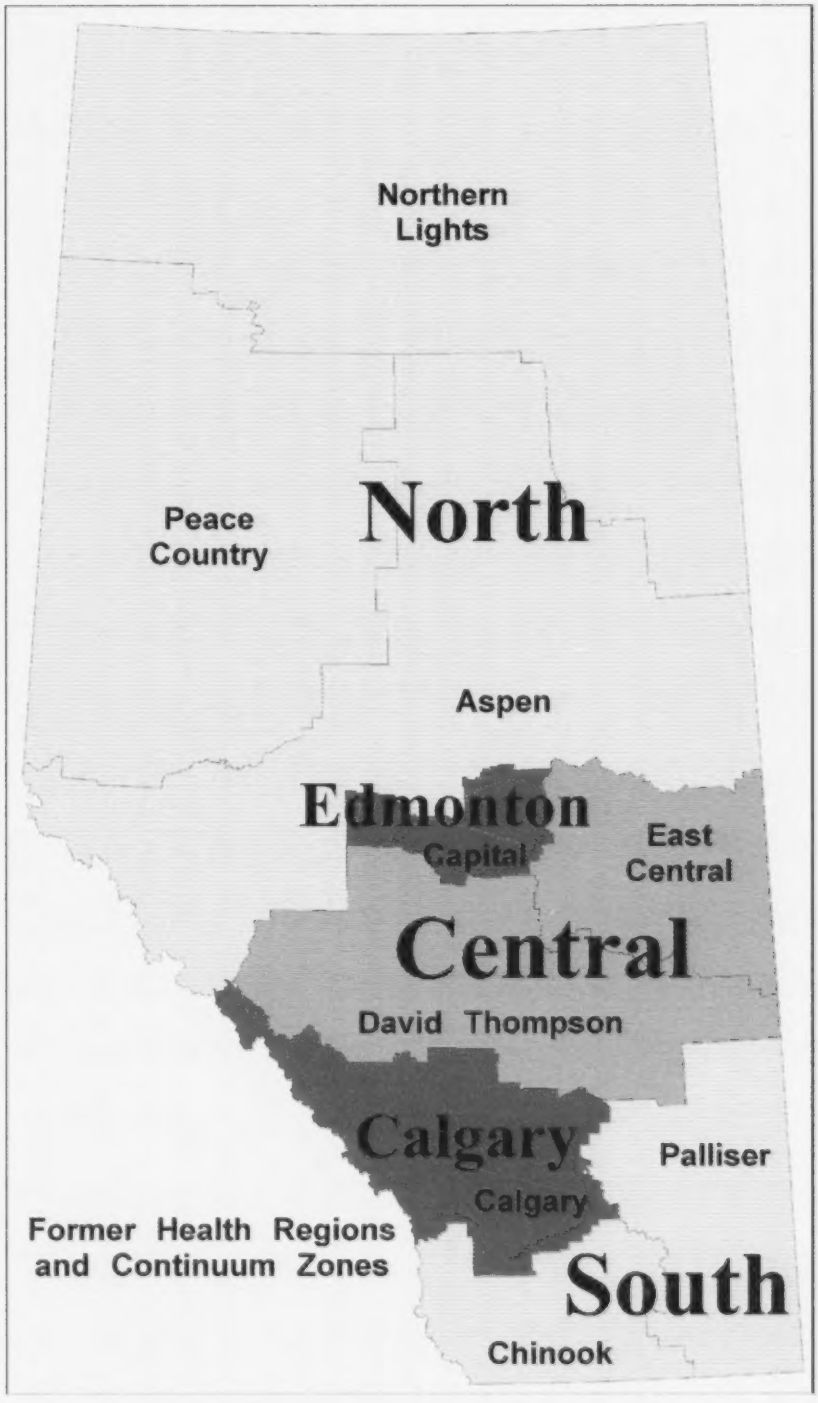
Figures and Charts



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Explanatory Notes

Number of Practitioners
The figures shown for the number of practitioners in a former health region are based on the number of practitioners who received fee-for-service payments for services provided in that particular region. A practitioner may work in several regions and will have been counted in each region where he/she provided services.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Health Boundary Changes
Health boundaries are subject to change; therefore, year-over-year comparisons by regions should be interpreted with caution. The map on continuum health zones shows the previous health region boundaries and the current continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location
Data in this section are provided on a service location basis. Patients from rural and remote regions often travel to larger urban centres in other regions to receive services. This has an effect on statistics for health services and payments for both regions involved. This is illustrated in Table 3.2, which shows payments to physicians based on both service location and recipient location. Recipient location data are for the former health region where the patient lived on the date of service.

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Table 3.1
Distribution of Population Covered by Former Health Region Service Location as at March 31, 2011 (1)

Former Health Region Service Location	Registered Population		
	Total	Male	Female
Chinook Regional Health Authority	176,566	87,768	88,798
Palliser Health Region	113,100	56,932	56,168
Calgary Health Region	1,408,647	704,188	704,459
David Thompson Regional Health Authority	332,666	166,723	165,943
East Central Health	120,813	60,160	60,653
Capital Health	1,186,147	592,332	593,815
Aspen Regional Health Authority	192,126	97,818	94,308
Peace Country Health	156,548	79,921	76,627
Northern Lights Health Region	99,075	52,427	46,648
Unknown	550	308	242
Total	**3,786,238**	**1,898,577**	**1,887,661**

(1) The population figures are as at March 31, 2011, calculated in July 2011.

Alberta Health Services Zones to former Health Regions
Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
Zone 2 (Calgary Zone) Calgary Health Region
Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
Zone 4 (Edmonton Zone) Capital Health
Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.2
Distribution of Payments to Physicians by Former Health Region Service Location and Recipient Location for the Service Year April 1, 2010 to March 31, 2011 [1]

Former Health Region Service Location	Former Health Region Recipient Location					
	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Chinook Regional Health Authority	$96,070,217	$87,905,563	$1,889,545	$4,607,600	$474,846	$97,993
Palliser Health Region	63,931,272	1,037,707	60,556,404	1,032,247	499,062	124,851
Calgary Health Region	865,439,838	11,042,825	6,777,051	816,209,991	18,126,250	729,717
David Thompson Regional Health Authority	189,352,456	481,725	642,679	6,870,730	150,490,734	2,617,701
East Central Health	44,034,859	79,781	96,800	430,800	2,110,287	36,733,051
Capital Health	880,894,057	2,091,306	1,116,476	9,043,853	25,451,105	25,819,203
Aspen Regional Health Authority	65,591,825	84,002	104,570	509,281	621,617	819,433
Peace Country Health	70,862,780	114,751	75,289	481,732	454,422	109,476
Northern Lights Health Region	36,236,188	78,916	43,211	527,051	236,025	80,396
Unknown	10,067,917	266,683	197,781	1,804,362	487,773	5,199,889
Total	$2,302,481,210	$103,183,248	$73,500,806	$841,517,647	$198,934,142	$72,331,711

Former Health Region Service Location	Former Health Region Recipient Location				
	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Chinook Regional Health Authority	$647,893	$162,192	$127,052	$94,651	$62,692
Palliser Health Region	295,433	110,199	71,185	63,318	141,846
Calgary Health Region	6,294,405	1,053,542	1,192,157	1,170,924	840,776
David Thompson Regional Health Authority	5,714,369	1,324,608	648,914	395,584	167,411
East Central Health	2,984,726	1,288,466	145,721	101,898	63,328
Capital Health	743,191,432	49,914,650	13,262,275	10,207,228	794,530
Aspen Regional Health Authority	3,967,025	57,409,166	1,511,674	511,950	53,107
Peace Country Health	1,197,824	625,860	66,542,009	1,992,128	69,288
Northern Lights Health Region	1,412,240	364,122	214,856	33,237,232	42,137
Unknown	1,256,749	483,884	225,135	117,075	68,687
Total	$766,962,097	$112,916,688	$82,938,978	$47,891,990	$2,303,903

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.

Alberta Health Services Zones to former Health Regions
Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
Zone 2 (Calgary Zone) Calgary Health Region
Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
Zone 4 (Edmonton Zone) Capital Health
Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.3
Distribution of Payments by Diagnostic Chapter (ICD9) and Former Health Region Service Location for the Service Year April 1, 2010 to March 31, 2011 [1]

Former Health Region Service Location / Diagnostic Chapter (ICD9)	All Former Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Infectious and Parasitic Diseases	$37,110,110	$1,436,088	$1,097,004	$14,394,855	$3,131,369	$855,608
Neoplasms	80,588,178	3,695,017	2,226,211	31,360,805	4,427,584	1,112,518
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	69,823,402	3,088,931	3,234,201	23,057,635	5,290,402	1,651,005
Diseases of Blood and Blood Forming Organs	10,571,047	695,087	435,212	3,365,173	864,209	329,914
Mental Disorders	226,630,563	8,869,368	5,208,739	82,063,136	19,057,445	3,678,575
Diseases of the Nervous System and Sense Organs	154,153,379	6,430,555	4,993,680	61,195,057	7,818,321	2,288,816
Diseases of the Circulatory System	162,065,478	6,631,519	4,989,908	52,405,176	10,368,082	3,449,514
Diseases of the Respiratory System	132,966,033	5,913,542	3,654,937	46,093,795	11,494,669	3,080,619
Diseases of the Digestive System	86,587,428	4,316,678	3,131,637	26,460,090	8,418,480	2,851,021
Diseases of the Genitourinary System	102,480,982	5,379,930	2,488,002	38,322,992	9,474,801	2,477,896
Complications of Pregnancy, Childbirth and the Puerperium	67,485,632	3,159,049	1,113,722	27,893,279	5,429,980	1,192,803
Diseases of the Skin and Subcutaneous Tissue	58,562,987	2,133,543	1,549,885	22,007,250	4,744,023	1,282,683
Diseases of the Musculoskeletal System and Connective Tissue	117,492,230	6,278,590	4,140,290	41,528,950	8,976,124	2,975,003
Congenital Anomalies	7,126,788	183,209	75,253	2,716,503	173,871	31,594
Certain Conditions Originating in the Perinatal Period	7,748,819	815,666	333,481	2,005,109	1,362,626	101,297
Symptoms, Signs and Ill-Defined Conditions	249,332,335	10,699,117	5,943,879	90,764,163	21,744,472	5,590,860
Injury and Poisoning	118,675,280	5,129,876	3,145,453	39,540,354	10,360,278	2,700,506
Non-Standard Diagnostic Codes [2]	211,448,875	7,613,761	6,329,398	81,358,304	16,524,104	4,977,668
Unknown Diagnostic Chapter [3]	401,613,663	13,600,690	9,840,380	178,907,013	19,671,617	3,408,957
Total	$2,302,481,210	$96,070,217	$63,931,272	$865,439,638	$169,352,456	$44,034,859

Continued...

Note: This table reflects fee-for-service data only.

(1) Payment totals have been rounded.

(2) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.

(3) Radiologists, pathologists, surgical assistants and anaesthesiologists do not have to provide diagnostic codes when submitting claims to the AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Alberta Health Services Zones to former Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
Zone 2 (Calgary Zone) Calgary Health Region
Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
Zone 4 (Edmonton Zone) Capital Health
Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.3
Distribution of Payments by Diagnostic Chapter (ICD9) and Former Health Region Service Location for the Service Year April 1, 2010 to March 31, 2011[1]

Former Health Region Service Location / Diagnostic Chapter (ICD9)	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Infectious and Parasitic Diseases	$12,581,064	$1,469,659	$1,195,243	$745,904	$203,316
Neoplasms	33,107,286	1,713,674	1,808,448	758,394	378,242
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	26,656,717	2,733,306	2,188,513	1,610,301	312,391
Diseases of Blood and Blood Forming Organs	3,604,995	594,431	361,622	199,348	121,056
Mental Disorders	96,173,169	3,381,710	4,588,311	2,254,447	1,355,662
Diseases of the Nervous System and Sense Organs	61,599,772	2,968,120	5,008,567	1,430,656	421,835
Diseases of the Circulatory System	72,500,999	4,698,646	4,147,895	2,113,723	740,015
Diseases of the Respiratory System	47,812,746	6,292,655	4,720,673	3,116,990	805,407
Diseases of the Digestive System	30,309,187	4,169,275	4,043,477	2,251,613	835,970
Diseases of the Genitourinary System	36,101,990	3,142,752	2,911,739	1,640,153	540,726
Complications of Pregnancy, Childbirth and the Puerperium	21,007,266	2,632,365	2,311,516	2,282,849	462,801
Diseases of the Skin and Subcutaneous Tissue	21,065,537	2,492,525	1,873,920	1,118,494	295,129
Diseases of the Musculoskelal System and Connective Tissue	41,434,172	5,469,820	4,544,135	1,714,130	431,016
Congenital Anomalies	3,652,402	62,631	167,644	46,768	16,915
Certain Conditions Originating in the Perinatal Period	1,542,266	173,899	1,110,876	238,163	63,436
Symptoms, Signs and Ill-Defined Conditions	91,814,530	7,410,595	8,808,472	5,214,995	1,341,253
Injury and Poisoning	44,231,537	5,831,722	4,719,774	2,356,351	659,430
Non-Standard Diagnostic Codes[2]	71,169,586	8,207,305	9,556,813	4,866,681	845,254
Unknown Diagnostic Chapter[3]	164,528,836	2,146,734	6,795,144	2,276,228	438,064
Total	$880,894,057	$65,591,825	$70,862,780	$36,236,188	$10,067,917

Note: This table reflects fee-for-service data only.
(1) Payment totals have been rounded.
(2) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.
(3) Radiologists, pathologists, surgical assistants and anaesthesiologists do not have to provide diagnostic codes when submitting claims to the AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Alberta Health Services Zones to former Health Regions
Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
Zone 2 (Calgary Zone) Calgary Health Region
Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
Zone 4 (Edmonton Zone) Capital Health
Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.4
Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Former Health Region Service Location for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Former Health Region Service Location	Total			General/Family Physicians			Specialists [3]		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
Chinook Regional Health Authority	288	$87,340,536	$303,266	174	$47,044,017	$270,368	114	$40,296,519	$353,478
Palliser Health Region	204	58,549,548	287,008	115	33,989,281	295,559	89	24,560,268	275,958
Calgary Health Region	2,454	739,726,843	301,437	1,434	345,059,521	240,627	1,020	394,667,321	386,929
David Thompson Regional Health Authority	537	156,856,878	292,098	361	100,696,325	278,937	176	56,160,554	319,094
East Central Health	187	41,586,769	222,389	150	33,200,143	221,334	37	8,386,626	226,666
Capital Health	2,238	770,355,361	344,216	1,206	321,678,665	266,732	1,032	448,676,696	434,764
Aspen Regional Health Authority	290	65,130,737	224,589	248	58,611,914	236,338	42	6,518,823	155,210
Peace Country Health	235	65,940,729	280,599	158	42,288,089	267,633	77	23,654,639	307,203
Northern Lights Health Region	130	36,108,058	277,754	82	27,815,779	339,217	48	8,292,280	172,756
Unknown	136	8,677,343	63,804	84	5,616,419	66,862	52	3,060,923	58,864
Total	6,699	$2,030,272,801	$303,071	4,012	$1,015,998,152	$253,240	2,687	$1,014,274,649	$377,475

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple regions and will be double counted.

(2) The total amount paid may not match the sum of amounts paid due to rounding.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Alberta Health Services Zones to former Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
Zone 2 (Calgary Zone) Calgary Health Region
Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
Zone 4 (Edmonton Zone) Capital Health
Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.5
Number of General/Family Physicians by Payment Range and Former Health Region Service Location for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Payment Range \ Former Health Region Service Location	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Less than $10,000	2,005	87	91	300	181	106	306	150	82	49	853
10,000 - 19,999	198	8	11	51	18	13	33	22	11	5	26
20,000 - 39,999	280	12	11	88	16	27	64	23	16	3	20
40,000 - 59,999	180	12	4	61	16	7	51	11	6	3	9
60,000 - 79,999	167	11	2	64	16	8	42	9	10	2	3
80,000 - 99,999	160	3	2	74	8	7	45	9	4	3	5
100,000 - 119,999	164	5	3	63	9	7	48	13	7	2	7
120,000 - 139,999	178	5	5	75	9	8	50	15	8	2	1
140,000 - 159,999	139	3	2	55	8	3	51	9	5	2	1
160,000 - 179,999	147	4	2	58	8	1	57	6	5	4	2
180,000 - 199,999	172	5	2	76	12	3	62	4	3	2	3
200,000 - 299,999	812	32	14	322	76	15	279	37	20	11	6
300,000 - 399,999	658	34	15	240	83	13	204	40	20	8	1
400,000 - 499,999	390	22	22	104	50	23	108	28	22	13	
500,000 - 599,999	181	10	9	51	20	9	45	12	11	14	
600,000 - 699,999	81	1	8	27	8	4	24	4	4	1	
700,000 - 799,999	50	3	3	14	2	2	19	4		3	
800,000 - 899,999	20	3		1			8	2	4	2	
900,000 - 999,999	11	1		3			6		1		
1,000,000 & over	24			7	2		12		1	2	
Total	6,017	261	208	1,734	542	258	1,512	398	240	131	737

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region, where the physician payment was greater than zero within the health region. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple regions and will be double counted.

(2) A blank cell represents a zero value.

Alberta Health Services Zones to former Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
Zone 2 (Calgary Zone) Calgary Health Region
Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
Zone 4 (Edmonton Zone) Capital Health
Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.6
Number of Physicians by Specialty Within the Former Health Regions for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Physicians by Specialty	Number of Physicians [3]			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
Physicians by Specialty				
Anaesthesiology	457	148	159	152
Cardiovascular and Thoracic Surgery	26	17	6	3
Dermatology	52	18	23	11
Emergency Medicine	135	42	60	33
General/Family Physicians (GP/FPs)	6,017	1,512	1,734	2,771
General Surgery	353	71	72	210
Internal Medicine	933	313	220	400
Neurology	73	28	16	29
Neurosurgery	11	7	4	
Obstetrics-Gynaecology	296	74	99	123
Ophthalmology	149	50	56	43
Orthopaedic Surgery	257	63	70	124
Otolaryngology	71	26	23	22
Paediatrics	328	67	147	114
Physical Medicine and Rehabilitation	39	24	7	8
Plastic Surgery	79	20	31	28
Psychiatry	592	199	197	196
Urology	63	24	17	22
All Specialists (except GP/FPs & laboratory specialists)	3,914	1,189	1,207	1,518
Total: All Physicians	9,931	2,701	2,941	4,289

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region where the physician payment was greater than zero within the health region. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple regions and will be double counted.

(2) A blank cell represents a zero value.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Alberta Health Services Zones to former Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region

Zone 2 (Calgary Zone) Calgary Health Region

Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health

Zone 4 (Edmonton Zone) Capital Health

Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.7
Allied Health Services:
Distribution of Services and Payments by Former Health Region Service Location for the Service Year April 1, 2010 to March 31, 2011 [1] [2]

Former Health Region Service Location	Total		Optometrists		Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
Chinook Regional Health Authority	56,625	$2,783,630	35,727	$1,998,857	140	$16,886	20,758	$767,907
Palliser Health Region	31,035	1,424,525	22,492	1,237,218	20	2,233	8,523	185,074
Calgary Health Region	391,853	19,849,828	241,717	13,050,908	7,985	2,069,613	142,151	4,729,307
David Thompson Regional Health Authority	92,237	5,021,088	78,540	4,398,591	1,451	293,320	12,246	329,177
East Central Health	32,687	1,802,798	30,880	1,707,725	10	1,170	1,797	93,904
Capital Health	336,379	18,522,494	221,187	12,390,586	11,379	3,354,847	103,813	2,777,061
Aspen Regional Health Authority	32,477	1,738,224	29,244	1,646,860	46	6,128	3,187	85,236
Peace Country Health	25,512	1,331,505	22,293	1,233,216	21	2,847	3,198	95,443
Northern Lights Health Region	11,811	553,908	8,865	465,531			2,948	88,377
Unknown	2,791	66,537	29	1,995			2,762	64,542
Total	1,013,407	$53,094,539	690,974	$38,131,485	21,052	$5,747,026	301,381	$9,216,028

Note: This table reflects fee-for-service data only.
(1) The payment totals may not match the sum of the payments made for services provided in the former health regions due to rounding.
(2) A blank cell represents a zero value.

Alberta Health Services Zones to former Health Regions
Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
Zone 2 (Calgary Zone) Calgary Health Region
Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
Zone 4 (Edmonton Zone) Capital Health
Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Section 4: Non-Group Supplementary Plans

Summary

Non-Group supplementary health plans provide coverage for prescribed drugs and selected health services. These supplementary health plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross.

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes, premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group supplementary health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top 10 drug expenditures.

Highlights

- In 2010/2011, the number of Albertans who were covered under Non-Group supplementary plans decreased to 560,618, a decrease of 0.96% compared to 2009/2010.
- The number of persons covered through full premium rates was 90,600 (16.16% of the total Non-Group membership).
- A total of 18,145 people (3.23% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 451,873 people (80.60% of total Non-Group membership) received their coverage premium-free.
- Almost $732 million was paid for benefits under the Non-Group supplementary plans in 2010/2011, an increase of 3.55% compared to 2009/2010.
- More than $566 million was paid for benefits for seniors and their dependants in 2010/2011. These payments accounted for 77.40% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than $705 million or 96.41% of total Non-Group benefit expenditures. Ambulance services accounted for over $25 million or 3.53% of the total.

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- The costs for new and existing generic drugs were reduced significantly as part of the broader Alberta Pharmaceutical Strategy. The Strategy is to make drug coverage more accessible, affordable, efficient and therapeutically effective by improving the managment, funding and purchasing processes for prescription drugs paid for fully or partially by the Government of Alberta. Related to this change, the expenditure for the cholesterol lowering agent known as Lipitor decreased by $14 million.
- In conjunction with lower generic drug pricing, effective April 2010, a $3 per prescription Transition Allowance was paid to pharmacies to allow the industry time to adjust to lower generic drug pricing. This allowance will decrease to $2 in April 2011, $1 in April 2012 and $0 in April 2013.
- In 2010/2011, the 10 highest expenditure drugs were used to treat common chronic conditions including:
    - Age related Macular Degeneration treated using Lucentis.
    - Rheumatoid arthritis/Crohn's Disease treated using Remicade.
    - Rheumatoid arthritis/psoriasis treated using Humira.
    - Prevention of heart attack and stroke treated using Plavix.
    - High cholesterol conditions treated using Crestor.
    - Rheumatoid arthritis/psoriasis treated using Enbrel.
    - Chronic Obstructive Pulmonary disease treated using Spiriva.
    - Multiple Sclerosis treated using Copaxone.
    - Asthma treated using Symabicort Turbuhaler.
    - Acid reflux disease/ulcers treated using Apo-Lansoprazole.

Premium Subsidy Program

Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether or not the applicant is single (one person) or family (two or more people) with a spouse/partner and/or children on the registration account.

2010/2011 Premium Subsidy Thresholds

Family Category	Full Premiums
Single	over $20,970
Family - no children	over $33,240
Family - with children	over $39,250

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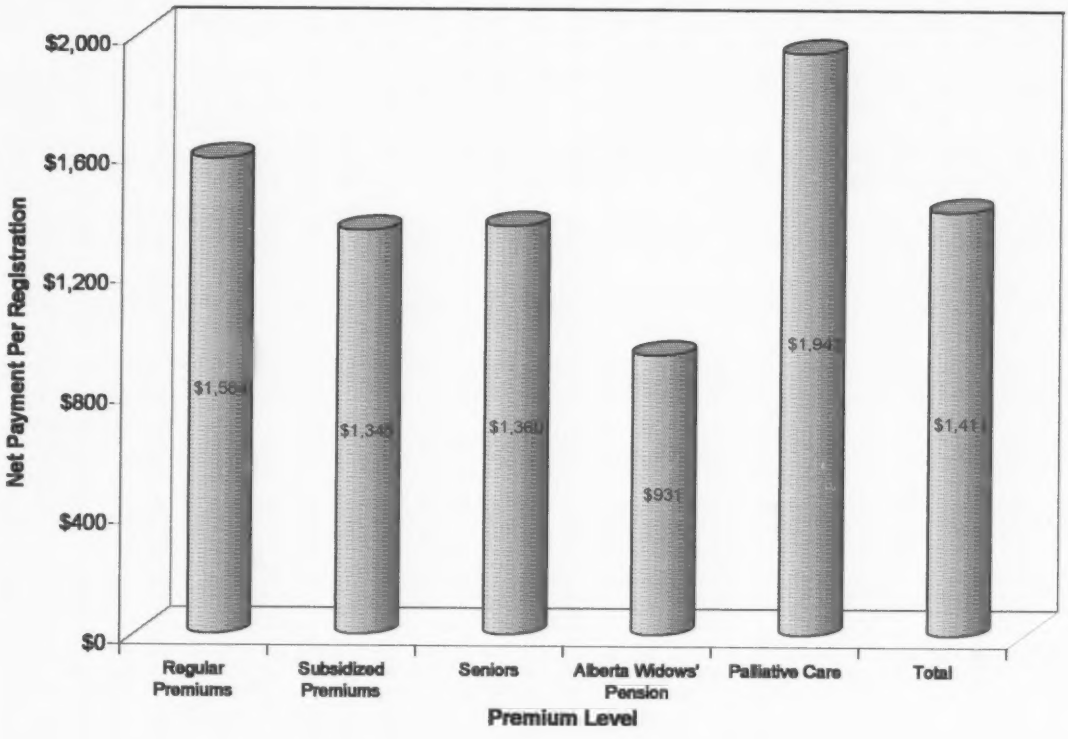
Charts and Figures

Figure 6
Non-Group Supplementary Coverage: Average Net Payment for Drugs Per Recipient by Coverage Category for the Service Year April 1, 2010 to March 31, 2011



Explanatory Notes

Data

Data in this section are provided by Alberta Health and Wellness (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 6, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

Non-Group Supplementary Coverage Parameters

Non-Group coverage includes drugs, and selected health services such as: some ambulance services; clinical psychological services; some home nursing care; prosthetic and orthotic benefits; and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

Note: The subtotals/totals across tables may not match due to rounding.

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Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2007, 2008, 2009, 2010 and 2011 [1]

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2009/2008	2010/2009	2011/2010
Regular Premiums	Registrations	48,631	51,848	54,231	51,823	45,684	6.62	4.60	(4.44)	(11.85)
	Persons	101,077	107,100	111,168	104,293	90,600	5.96	3.80	(6.18)	(13.13)
Reduced Premiums	Registrations	22,445	20,703	17,293	12,791	9,850	(7.76)	(16.47)	(26.03)	(22.99)
	Persons	42,598	38,826	32,922	24,251	18,145	(8.85)	(15.21)	(26.34)	(25.18)
No Premiums [2]	Registrations	272,160	280,218	288,298	296,133	305,130	2.96	2.88	2.72	3.04
	Persons	399,755	412,513	425,509	437,533	451,873	3.19	3.15	2.83	3.28
Total	Registrations	343,236	352,769	359,822	360,747	360,664	2.78%	2.00%	0.26%	-0.02%
	Persons	543,430	558,439	569,599	566,077	560,618	2.76%	2.00%	-0.62%	-0.96%

(1) The population figures are as at March 31, calculated in July.
(2) Persons covered under the Seniors, Alberta Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

Table 4.2
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2007, 2008, 2009, 2010 and 2011 [1] [2]

Registration Status		Total					Regular Premium				
		2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
One Person	Registrations	180,525	184,868	187,949	188,779	188,856	19,094	20,557	22,055	21,726	19,404
	Persons	180,525	184,868	187,949	188,779	188,856	19,094	20,557	22,055	21,726	19,404
Two Persons	Registrations	142,369	147,228	151,062	153,518	155,899	17,517	18,584	19,002	18,178	16,337
	Persons	284,738	294,456	302,124	307,036	311,798	35,034	37,168	38,005	36,356	32,674
Three or	Registrations	20,342	20,673	20,811	18,450	15,909	12,020	12,707	13,174	11,919	9,943
More Persons	Persons	78,187	79,115	79,526	70,262	59,964	46,949	49,373	51,108	46,211	38,522
Total	Registrations	343,236	352,769	359,822	360,747	360,664	48,631	51,848	54,231	51,823	45,684
	Persons	543,430	558,439	569,599	566,077	560,618	101,077	107,098	111,168	104,293	90,600

Registration Status		Subsidized Premium					Seniors				
		2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
One Person	Registrations	12,461	11,776	9,787	7,286	5,762	148,010	151,797	155,558	159,361	163,426
	Persons	12,461	11,776	9,787	7,286	5,762	148,010	151,797	155,558	159,361	163,426
Two Persons	Registrations	5,021	4,452	3,690	2,804	2,168	119,791	124,164	128,351	132,526	137,387
	Persons	10,042	8,904	7,379	5,608	4,338	239,582	248,328	256,702	265,052	274,774
Three or	Registrations	4,963	4,475	3,816	2,701	1,920	3,347	3,485	3,814	3,827	4,045
More Persons	Persons	20,095	18,148	15,756	11,357	8,047	11,084	11,575	12,640	12,685	13,392
Total	Registrations	22,445	20,703	17,293	12,791	9,850	271,148	279,446	287,723	295,714	304,858
	Persons	42,598	38,828	32,922	24,251	18,145	398,676	411,700	424,900	437,098	451,592

Registration Status		Alberta Widows' Pension				
		2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
One Person	Registrations	960	738	549	406	264
	Persons	960	738	549	406	264
Two Persons	Registrations	40	28	19	10	7
	Persons	80	56	38	20	14
Three or	Registrations	12	6	7	3	[redacted]
More Persons	Persons	39	19	22	9	3
Total	Registrations	1,012	772	575	419	272
	Persons	1,079	813	609	435	281

Note: As at March 31, 2010, 1,373 people were covered by the Palliative Care Drug Program. Of these, 497 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

(1) The population figures are as at March 31, calculated in July.

(2) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased Non-Group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

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Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Gender as at March 31, 2007, 2008, 2009, 2010 and 2011 (1)

Age Group	Total					Male					Female				
	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Under 1	1,031	940	987	733	498	510	457	478	379	261	521	483	509	354	237
1 - 4	4,328	4,390	4,260	3,511	2,674	2,163	2,245	2,169	1,758	1,338	2,165	2,145	2,091	1,753	1,336
5 - 14	16,499	16,437	15,749	13,589	10,994	8,432	8,400	8,042	6,855	5,499	8,067	8,037	7,707	6,734	5,495
15 - 24	24,189	24,209	24,128	20,818	17,400	11,786	11,860	11,958	10,463	8,821	12,403	12,349	12,170	10,155	8,579
25 - 44	27,579	27,805	26,798	22,770	18,139	11,818	12,023	11,789	10,150	8,200	15,761	15,782	15,009	12,620	9,939
45 - 64	112,728	116,102	117,504	113,469	106,916	40,102	41,494	41,993	39,948	36,480	72,626	74,608	75,511	73,521	70,436
65 - 74	169,721	185,734	202,520	209,063	216,371	91,895	94,975	98,089	101,248	104,881	97,826	100,759	104,431	107,815	111,490
75 & Older	167,355	172,822	177,653	182,324	187,626	68,239	70,926	73,496	75,826	78,468	99,116	101,894	104,157	106,496	109,136
Total	543,430	558,439	569,599	566,077	560,618	234,945	242,382	248,014	246,629	243,968	308,485	316,057	321,585	319,448	316,650

Age Group	Percentage Change Total				Percentage Change Male				Percentage Change Female			
	2006/2007	2009/2008	2010/2009	2011/2010	2006/2007	2009/2008	2010/2009	2011/2010	2006/2007	2009/2008	2010/2009	2011/2010
Under 1	(8.83)	5.00	(25.73)	(32.06)	(10.39)	4.60	(20.71)	(31.13)	(7.29)	5.38	(30.45)	(33.05)
1 - 4	1.43	(2.96)	(17.58)	(23.84)	3.79	(3.39)	(18.95)	(23.88)	(0.92)	(2.52)	(16.16)	(23.79)
5 - 14	(0.36)	(4.19)	(13.72)	(19.10)	(0.36)	(4.26)	(14.76)	(19.76)	(0.37)	(4.11)	(12.62)	(18.40)
15 - 24	0.08	(0.33)	(14.55)	(15.61)	0.63	0.83	(12.50)	(15.69)	(0.44)	(1.45)	(16.56)	(15.52)
25 - 44	0.82	(3.62)	(15.03)	(20.34)	1.73	(1.95)	(13.90)	(19.21)	0.13	(4.90)	(15.92)	(21.24)
45 - 64	2.99	1.21	(3.43)	(5.76)	3.47	1.20	(4.87)	(8.66)	2.73	1.21	(2.64)	(4.20)
65 - 74	3.17	3.47	3.23	3.50	3.35	3.28	3.22	3.59	3.00	3.64	3.24	3.41
75 & Older	3.27	2.80	2.63	2.91	3.94	3.62	3.17	3.51	2.80	2.22	2.25	2.48
	2.76%	2.00%	-0.62%	-0.96%	3.17%	2.32%	-0.58%	-1.08%	2.45%	1.75%	-0.86%	-0.88%

(1) The population figures are as at March 31, calculated in July.

Table 4.4
Non-Group Supplementary Coverage:
Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2011 [1]

Coverage Category and Type of Service	Discrete Recipients	Net Payment [2]	Net Payment per Recipient
Regular Premium			
Ambulance	2,558	$766,668	$300
Drugs	87,012	137,845,536	1,584
Hospital Accommodation	526	66,544	127
Other [3]	735	116,343	158
Subtotal	87,366	$138,795,090	$1,589
Subsidized Premium			
Ambulance	700	$254,056	$363
Drugs	18,148	24,410,858	1,345
Hospital Accommodation	80	9,333	117
Other	97	16,391	169
Subtotal	18,207	$24,690,638	$1,356
Seniors			
Ambulance	51,824	$24,813,617	$479
Drugs	397,989	541,394,736	1,360
Hospital Accommodation			
Other	1,336	189,177	142
Subtotal	401,504	$566,397,529	$1,411
Alberta Widows' Pension			
Ambulance	21	$8,231	$392
Drugs	336	312,961	931
Hospital Accommodation			
Other			
Subtotal	342	$321,192	$939
Palliative Care			
Ambulance			
Drugs	831	$1,614,080	$1,942
Hospital Accommodation			
Other			
Subtotal	831	$1,614,080	$1,942
Total			
Ambulance	55,068	$25,842,572	$469
Drugs	499,885	705,578,171	1,411
Hospital Accommodation	606	75,877	125
Other	2,162	321,910	149
Total	503,797	$731,818,529	$1,453

(1) A blank cell represents a zero value.
(2) The sum of net payments may not match the sub-totals or totals due to rounding.
(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

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Table 4.5
Non-Group Supplementary Coverage:
Number of Drug Prescriptions and Net Payment
By Prescription Type and Coverage Category
for the Year Ending March 31, 2011 [1]

Prescription Type and Coverage Category	Number of Prescriptions [2]	Net Payment [3]
Prescription Drugs [4]		
Regular Premium	1,525,000	$135,547,385
Subsidized Premium	349,303	23,914,084
Seniors	11,124,424	532,072,634
Alberta Widows' Pension	6,208	308,090
Palliative Care	26,708	1,555,471
Subtotal	13,031,643	$693,395,664
Over-The-Counter [5]		
Regular Premium	47,291	$2,304,493
Subsidized Premium	11,139	496,774
Seniors	292,502	9,384,736
Alberta Widows' Pension	135	6,871
Palliative Care	2,697	58,609
Subtotal	353,764	$12,251,485
Adjustments [6]		
Regular Premium	11	($6,343)
Subsidized Premium		
Seniors	9	(62,635)
Alberta Widows' Pension		
Palliative Care		
Subtotal	20	($68,978)
All Prescriptions		
Regular Premium	1,572,302	$137,845,536
Subsidized Premium	360,442	24,410,858
Seniors	11,416,935	541,394,736
Alberta Widows' Pension	6,343	312,961
Palliative Care	29,405	1,614,080
Total	13,385,427	$705,578,171

(1) A blank cell represents a zero value.
(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) The sum of net payments may not match the sub-totals or totals due to rounding.
(4) Refers to drugs available only with a prescription.
(5) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.
(6) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.).

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Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2007, 2008, 2009, 2010 and 2011 (1)

Year	Number of Pharmacies	Percentage Change from the Prior Year
2006/2007	912	2.13
2007/2008	945	3.62
2008/2009	950	0.53
2009/2010	969	2.00
2010/2011	990	2.17
Annual Average Percentage Change for Last 5 Years		2.07

(1) Data provided by the Alberta College of Pharmacists.

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Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2011 [1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions [2]	Discrete Recipients	Net Payment
All Groups						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	16,530	3,241	$29,304,651
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	8,183	1,165	23,254,978
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	11,163	1,102	13,785,090
	Plavix	75 mg	Prevention of Heart Attack and Stroke	98,736	17,502	12,833,286
	Crestor	10 mg	Cholesterol Lowering Agent	141,149	35,365	12,690,095
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	10,084	939	12,566,970
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	77,900	22,015	10,800,685
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,499	1,050	10,624,554
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	59,904	20,167	7,446,845
	Apo-Lansoprazole	30 mg	Acid Reflux Disease / Ulcers	107,299	29,547	7,201,844
Regular and Subsidized Premium						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	6,726	956	$19,545,872
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,321	1,017	10,262,454
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	7,928	800	9,387,004
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	5,764	543	6,714,830
	Rebif	0.5 ml syringe	Multiple Sclerosis	2,316	290	3,661,018
	Cerezyme	400 units	Gaucher's Disease	493	7	2,675,064
	Avonex PS	30 mg/0.5 ml syringe	Multiple Sclerosis	1,659	201	2,399,783
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,270	179	2,213,843
	Crestor	10 mg	Cholesterol Lowering Agent	21,427	5,994	1,886,538
	Oxycontin	80 mg	Pain Management	3,357	238	1,831,306
Seniors [3]						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	16,439	3,218	$29,162,094
	Plavix	75 mg	Prevention of Heart Attack and Stroke	88,997	15,888	11,794,469
	Crestor	10 mg	Cholesterol Lowering Agent	119,626	29,341	10,795,521
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	72,755	20,479	10,162,367
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	48,782	16,254	6,299,368
	Apo-Lansoprazole	30 mg	Acid Reflux Disease / Ulcers	91,289	24,431	6,089,834
	Apo-Pantoprazole	40 mg	Ulcer Treatement	91,422	26,508	5,960,560
	Lipitor	20 mg	Cholesterol Lowering Agent	50,856	23,749	5,955,776
	Advair	500 mcg/doze	Obstructive Airways Diseases	21,798	6,594	5,906,616
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	4,320	396	5,852,140

(1) The sums of the Net Payments may not match the All Groups totals due to rounding.

Continued...

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) Seniors refers to the registration status of account holder or spouse/partner age 65 or older and their dependants.

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Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2011 [1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions [2]	Discrete Recipients	Net Payment
Alberta Widows' Pension [3]						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	4	<5	$7,230
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	55	21	6,789
	Crestor	10 mg	Cholesterol Lowering Agent	82	19	6,528
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	66	25	6,505
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	42	15	6,331
	Lipitor	10 mg	Cholesterol Lowering Agent	51	33	6,320
	Plavix	75 mg	Prevention of Heart Attack and Stroke	23	5	4,923
	Crestor	20 mg	Cholesterol Lowering Agent	34	10	4,636
	Apo-Lansoprazole	30 mg	Acid Reflux Disease / Ulcers	57	27	4,527
	Oxycontin	40 mg	Pain Management	8	<5	3,937
Palliative Care						
	Fragmin	25,000 IU/ml	Prevention of Blood Clots	244	51	$113,177
	Innohep	20,000 IU/ml	Prevention of Blood Clots	201	42	82,815
	Ratio-Fentanyl	100 mcg/hr patch	Pain Management	237	43	65,266
	Sandostatin LAR	30 mg/vial	Rare Endocrine Tumor	47	6	57,173
	Fentanyl Citrate	0.05 mg/ml	Pain Management	585	120	38,647
	Hydromorphone	10 mg/ml	Pain Management	608	82	36,563
	Octreotide Acetate Omega	200 mcg/ml	Rare Endocrine Tumor	165	34	34,966
	Metoclopramide Hydrochloride	5 mg/ml	Nausea and Vomiting	474	128	28,639
	Oxycontin	80 mg	Pain Management	113	10	25,876
	Hydromorph Contin	24 mg	Pain Management	101	16	24,623

(1) The sums of the Net Payments may not match the All Groups totals due to rounding.
(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) Alberta Widows' Pension refers to the registration status of account holder who belongs to the Alberta Widows' Pension Program and their dependants.

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Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year Ending March 31, 2011

Broad Drug Category	Number of Prescriptions [1]	Net Payment	Co-Payment [2]	Coordination of Benefits [3]	Average Gross Cost per Prescription [4]
Antihistamines	1,851	$51,167	$15,936	$1,090	$37
Antineoplastic Agents	35,679	2,213,788	448,785	74,405	78.71
Antitussives, Expectorants, Mucolytics	17,192	2,118,206	317,630	42,540	144.16
Anti-Infective Agents	679,317	23,626,429	6,215,320	999,970	45.40
Autonomic Drugs	527,282	51,656,529	7,943,630	582,892	114.14
Blood Formation and Coagulation	481,997	$37,485,408	$4,930,757	$634,366	$89
Cardiovascular Drugs	4,227,995	216,893,261	59,395,970	2,249,329	65.88
Central Nervous System Drugs	2,772,948	99,790,378	27,368,383	2,521,749	48.77
Compound Drugs					
Devices [5]	4,658	91,234	39,467	1,196	28.32
Dental Agents	11	66	29		8.62
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	566,407	$7,173,211	$2,987,539	$89,843	$16
Enzymes	508	2,749,902	3,875		5,420.82
Eye, Ear, Nose and Throat Preparations	352,899	38,747,315	3,880,469	102,157	121.08
Gastrointestinal Drugs	918,546	56,246,335	13,320,486	1,037,133	78.86
Gold Compounds	756	57,536	14,119	701	95.71
Heavy Metal Antagonists	1,177	$943,042	$22,264	$30,934	$846
Hormones & Synthetic Substitutes	1,601,425	48,170,917	14,907,571	937,940	39.97
Local Anaesthetics	84	9,339	536		117.57
Serums, Toxoids, and Vaccines	1,840	179,292	26,251	3,031	113.36
Skin & Mucous Membrane Preparations	299,740	6,305,912	2,404,225	141,239	29.53
Smooth Muscle Relaxants	75,812	$3,767,566	$892,076	$41,568	$62
Out of Country & Special Access	1,377	48,470	9,106	152	41.92
Unclassified Therapeutic Agents	720,003	108,148,384	8,879,339	10,335,378	174.11
Undetermined [6]	20	(68,978)	53	42	(3,444.10)
Vitamins	95,903	1,175,479	429,038	21,668	16.96
Total [7]	13,385,427	$705,578,171	$154,452,855	$19,829,342	$65.73

(1) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(2) Co-Payment represents the portion of the prescription cost the recipient pays when a prescription is filled.
(3) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(4) Gross Cost = Net Payment + Co-Payment + Coordination of Benefits.
(5) Only those devices used with prescription drugs.
(6) Negative payments represent adjustments and/or reversals of claim payments.
(7) The sums of the columns may not match the totals due to rounding.

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Table 4.9
Non-Group Supplementary Coverage:
Number of Prescriptions and Prescription Cost Components
by Coverage Category (Direct Bill Claims Only)
for the Year Ending March 31, 2011 (1)

Coverage Category	Number of Prescriptions (2)	Drug Material Cost [A]	Dispensing Fee (3) [B]	Additional Inventory Allowance (4) [C]	Adjustments (5) [D]	Gross Cost (6) [E]	Co-Payment (7) [F]	Coordination of Benefits (8) [G]	Net Payment (9) [H]
Regular and Subsidized Premiums	1,897,572	$172,971,133	$20,863,429	$4,954,021	($2,871)	$198,775,711	$23,324,416	$15,467,348	$159,983,947
Seniors	11,376,697	626,793,567	113,695,160	32,137,883	(82,784)	672,463,826	129,827,192	3,074,424	539,562,209
Alberta Widows' Pension	6,299	308,988	63,616	17,229		389,833	78,166	1,493	310,174
Palliative Care	28,646	1,508,898	354,383	55,518		1,918,799	199,445	183,685	1,565,669
Average Cost per Prescription		52.71	10.13	2.79		66.63	11.53	1.40	52.70
Total (10)	13,309,203	$701,582,586	$134,866,587	$37,164,651	($85,655)	$873,548,168	$153,429,219	$18,696,950	$701,421,999

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.
(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) The Dispensing Fee is the portion of the overall prescription cost that covers pharmacists' professional services and business overhead.
(4) Additional Inventory Allowance is an additional fee paid to pharmacies to compensate for a portion of their inventory management.
(5) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.)
(6) Gross Cost [E] = [A] + [B] + [C] + [D]
(7) Co-Payment represents the portion of the prescription cost the recipient pays when the prescription is filled.
(8) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(9) Net Payment [H] = [E] - [F] - [G]
(10) The sums of the columns may not match the totals due to rounding.

Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)
A non-profit, publicly-funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dental specialist/oral surgical services and some services provided by optometrists and podiatrists to eligible residents of Alberta.

Allied Health Services
Services provided by dental specialists/oral surgeons, optometrists and podiatrists, and funded by the AHCIP. Some fees for allied health services may exceed the coverage provided by the AHCIP in which case the individual patient is responsible for the difference.

Alternate Relationship Plan
A plan that provides physicians with an alternative to the traditional fee-for-service payment method and provides physicians with flexibility in the way they provide care. An Alternate Relationship Plan enables a team-based approach and promotes improved access to care, patient satisfaction and the recruitment/retention of physicians.

Basic Health Services
Insured services provided by physicians and dental specialists/oral surgeons as well as a number of services provided by optometrists and podiatrists.

Blank Cell
Represents a zero value.

Bracketed Data
Bracketed data ( ) indicates negative figures.

Clinical Stabilization Initiative
Established in the 2006 *Amending Agreement to the Tri-Lateral Master Agreement* and includes: the Rural Remote Northern Program; the Business Cost Program; and the Communities in Crisis Program. The purpose of the Rural Remote Northern Program is to improve physician recruitment and retention in underserviced areas by providing physician incentive programs. The Business Cost Program is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all physicians in any community in Alberta. The Communities in Crisis Program addresses the challenges of recruiting physicians to live and practise in communities in crisis.

Discrete Count
The discrete items are only counted once.

Discrete Patients
The number of individuals registered with the AHCIP who received at least one basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

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Discrete Service Providers
The number of practitioners who provided at least one service payable under the AHCIP. Discrete service providers are only counted once.

Double Dash (--)
Represents a non-zero value; actual value was too small to be shown.

FP
Family Physician.

FTE
Full-time equivalent.

Fee-for-Service
A standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

Fiscal Year
April 1 of one year to March 31 of the following year.

GP
General Practitioner.

Health Zones
Alberta is divided into five continuum zones for the ease of management of the delivery of health care services by Alberta Health Services.

Insured Services
Physician and dental specialist/oral surgeon services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Medical Assessments
Primarily office visits and consultations.

Medical Services
Services provided by a physician.

N/A
Not available.

n.a.
Not applicable.

Net Payment
The total amount paid by Alberta Health and Wellness through Non-Group Supplementary plans.

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Nil
No change.

Non-Group Supplementary Plans
Supplementary health services coverage administered by Alberta Blue Cross on behalf of Alberta Health and Wellness for prescription drugs and selected health services.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Practitioner
Licensed health care provider who is registered with the AHCIP and provides basic health services.

Practitioner Payments
Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data are reported on a date-of-service basis and include only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Network
A network of family physicians that uses a team approach with other health care professionals to coordinate primary care for their patients. A Primary Care Network receives program funding in addition to fee-for-service.

Recipient Location
The health region where the person who received the health service lived at the time of service (according to the AHCIP registration data).

Registration
The number of single and family accounts registered with the AHCIP; one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons
Alberta residents insured under a program and therefore entitled to receive benefits.

Schedules of Benefits
Schedules of practitioner services and fee-for-service rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The Statistical Supplement includes data for five distinct benefits schedules (medical, oral and maxillofacial surgery, optometry, podiatric surgery and podiatry).

Service Location
The health zone where a health service was provided.

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Year at a Glance

	2009/2010	2010/2011
Total Albertans covered under the Alberta Health Care Insurance Plan	3,692,001	3,786,238
Non-seniors	3,294,889	3,334,646
Seniors	397,112	451,592
Amount paid to Alberta practitioners (fee-for-service)	$2,181,072,223	$2,355,575,749
Physicians	$2,133,199,354	$2,302,481,210
Allied Practitioners	$47,872,869	$53,094,539
Average annual fee-for-service payment		
All Physicians (except Pathology)	$328,988	$341,444
All Specialists (except General/Family Physicians and Pathology)	$411,328	$432,414
General/Family Physicians	$264,240	$270,211
Number of practitioners who submitted fee-for-service claims	7,240	7,534
Physicians (including General Practitioners) (1)	6,482	6,743
General Practitioners	3,618	3,770
Dental Specialists/Oral Surgeons	212	207
Optometrists	486	524
Podiatrists	60	60
Number of physicians by gross payment range (fee-for-service) (2)		
Less than $500,000	5,300	5,439
More than $500,000	1,182	1,304
More than $1 million	201	243
More than $2 million	33	42
Alternate Relationship Plans		
Total Expenditures	$233,832,512	$271,259,255
Total Alternate Relationship Plans	53	57
Total Physicians (1)	1,459	1,688
Primary Care Networks		
Total Payments	$109,271,239	$125,237,697
Total Primary Care Networks	32	39
Total Physicians (1)	1,927	2,216
Total Patients Enrolled	2,222,067	2,553,384

(1) Fee-for-service, alternate relationship plan and primary care network total physicians cannot be added together to obtain a total physician count as alternate relationship plan and primary care network physicians may or may not already be included in the fee-for-service physician count.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

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	2009/2010	2010/2011
Allied services provided (fee-for-service)		
Total Number of Services Provided	959,086	1,013,407
Average Number of Services per Practitioner	1,265	1,281
Percentage of payments to physicians for patients who received services within the zone they reside in		
Zone 1 (South Zone)	**84.66%**	**84.03%**
Chinook Regional Health Authority	86.07%	85.19%
Palliser Health Region	82.65%	82.39%
Zone 2 (Calgary Zone)	**97.13%**	**96.99%**
Calgary Health Region	97.13%	96.99%
Zone 3 (Central Zone)	**70.03%**	**69.02%**
David Thompson Regional Health Authority	76.63%	75.65%
East Central Health	51.51%	50.78%
Zone 4 (Edmonton Zone)	**97.08%**	**96.90%**
Capital Health	97.08%	96.90%
Zone 5 (North Zone)	**65.14%**	**64.08%**
Aspen Regional Health Authority	52.19%	50.84%
Peace Country Health	79.95%	79.02%
Northern Lights Health Region	70.46%	69.40%
Zone Unknown	**3.44%**	**2.98%**
Amount spent on Non-Group Supplementary coverage	$706,705,714	$731,818,529
Non-seniors	$161,258,508	$163,485,728
Seniors	$543,472,531	$566,397,529
Alberta Widows' Pension	$493,219	$321,192
Palliative Care	$1,481,455	$1,614,080
Number of community-based pharmacies in Alberta	969	990

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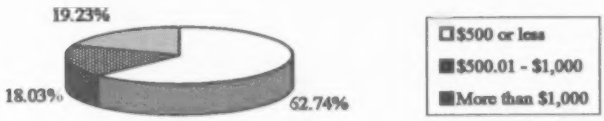
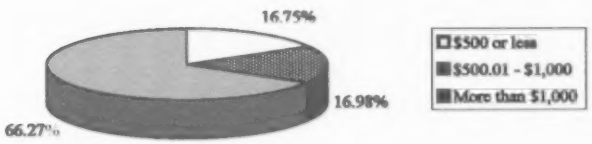
Year at a Glance

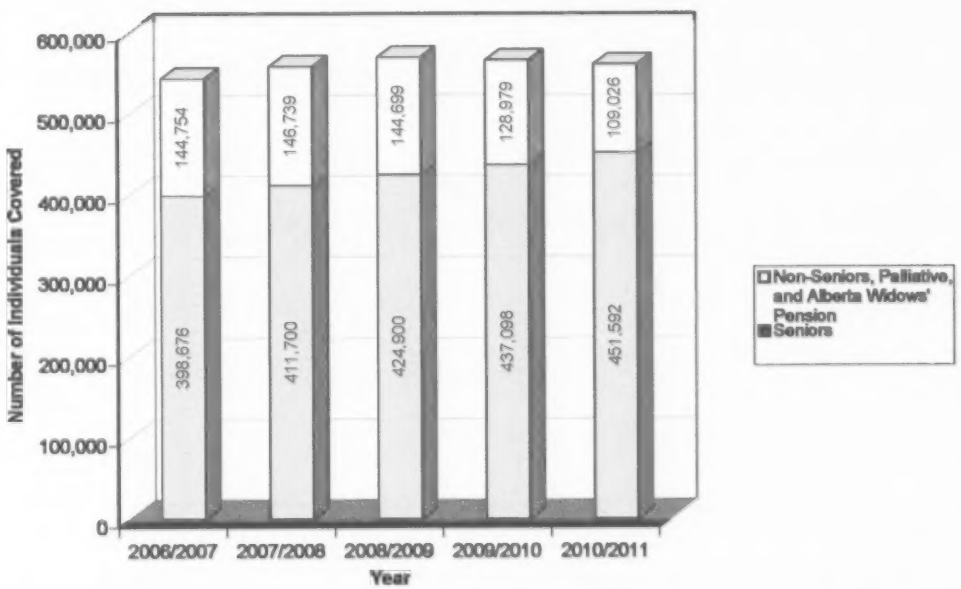
% of Patients by Payment Range for Services Provided by a Physician (Fee-For-Service)



% of Expenditures by Payment Range for Services Provided by a Physician (Fee-For-Service)



Non-Group Supplementary Plans



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